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ABSTRACT

This report describes a two-year research project dealing with the relationship between parents and caregivers in group child care settings. The purposes of the research were to describe the nature of the interpersonal relationships, to identify variables predictive of interactions, and to examine the degree of congruence in child-rearing beliefs. The study sample consisted of 212 parents and 89 caregivers in 12 Detroit area day care centers. The caregiver sample included directors, teachers and aides. The parent sample represented both middle- and working-class blacks and whites, with slightly more than half from one-parent families. Data were collected through structured interviews. The study's scope, theoretical framework, research design and methodology are described in detail. Chapters on the nature of the parent-caregiver relationship consider four aspects of communication behaviors and attitudes: frequency and diversity, systems, attitudes, and mode preferences. Staff variables examined include personal background, function and attitudes. Parent variables include socioeconomic status, day care experience, family composition and attitudes. Also discussed are organizational variables, including types of center sponsorship and informal social networks between parents or parents and caregivers. (BF)

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DAY CARE AND THE FAMILY:

A STUDY OF INTERACTIONS AND CONGRUENCY

Douglas R. Powell

Final Research Report of the Parent-Caregiver Project

July, 1977

The Merrill-Palmer Institute
71 East Ferry Avenue
Detroit, Michigan 48202

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Introduction to this Report

The research discussed in this report deals with the relationship between families and group child care programs. Major foci are the interactions and attitudes of parents and child care personnel (hereafter referred to as caregivers). The three-fold purpose of the research was to (a) describe the interpersonal relationship between parents and caregivers in group care settings, (b) identify variables predictive of interaction between parents and caregivers, and (c) examine the degree of congruence in the childrearing beliefs of parents and caregivers. The research stems from the theoretical argument that the nature of the relationship between parents and caregivers affects the quality of children's socialization processes and their adaptive behaviors in negotiating social transitions and discontinuities between family and surrogate group care.

In Chapter I the scope and theoretical framework of the study are discussed. This chapter sets forth a systems orientation to the day care--family interface and conceptualizes the parent-caregiver relationship as an interpersonal one. The research design and methodology and sample characteristics are presented in Chapter II.

The first research aim -- that of describing the nature of parent-caregiver relationships -- is taken up in Chapters III and IV. Frequency data on the communicative behaviors and attitudes of parents and caregivers are reported in Chapter III, and differences among these variables are used in Chapter IV to develop a typology of parent-caregiver relationships.

The identification of variables that are predictive of parent-caregiver interaction is discussed in Chapter V (second research aim), and the congruency between parent and caregiver childrearing beliefs is detailed in Chapter VI (third research aim).

The last chapter (VII) attempts to provide a succinct overview of the research findings. Summaries and conclusions are presented in this chapter as well as implications of the research data for policy and for further research. Chapter VII is the best guide to the study's overall findings since summary sections are not included in the individual chapters. This summary chapter is designed so the reader may make relatively easy reference to previous chapters where data are discussed in depth.

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Chapter I

PROBLEM STATEMENT AND THEORETICAL FRAMEWORK

Recent profound changes in the role of the American family in childrearing and the concomitant increase in out-of-home child care create a situation where a significant amount of time of growing numbers of young children is spent in social environments outside of familial networks. An important issue prompted by this phenomenon deals with the processes by which families share their childrearing functions with nonfamilial adults. Perceiving the family as a social system interrelated with other social systems provides a context in which to study the relationships formed when a family transcends its kinship resources for the care of its child(ren).

The young child who spends most of the day in a child care center is a participant in at least two major social systems -- the family and the child care center. These systems maintain their own norms and values, and serve as key socialization agents in the child's life. Each system may have a strong influence on shaping the child's development toward a desired cluster of values.

The ways in which these social systems interact is the focus of this research. The questions addressed by this study evolved from an interest in the degrees of interaction and interrelatedness of these two childrearing systems. Three areas are of concern: What is the nature of the relationship between the family and child care center? What factors influence the relationship between these social systems? To what degree is there consistency between the childrearing values of these two systems?

Socialization and System Discontinuities

The delegation of child care responsibilities to nonfamilial adults and settings underscores the importance of secondary childrearing institutions, and raises questions about the ways in which these institutions interface with the family and the effects of this intersection on the lives of young children. An analysis of trends in modern social authority over children suggests a key problem is the possibie discontinuity between various authorities that are imposed on children. As society becomes more heterogeneous, complex and mobile, a critical social problem is that of relations between parents and other authority figures (Smelser, 1965).

At a theoretical level, the relationship between families and surrogate child care institutions has implications for at least two domains of behavior and development of young children who function in both settings. One domain deals with the child's construction of social relationships and understanding of interpersonal relations. Another domain relates to discontinuities and inconsistencies of the socialization agencies.

For most children, involvement in group care represents the first significant experience in a formal social system outside of the familial network. The day care center broadens the child's social world to include a complex system of nonfamilial adults and peers.

It provides a setting where the child can experience and observe systematically the ways in which their parent(s) interacts with adults who are not relatives and probably not friends, neighbors or co-workers. The child is exposed consistently to the parent's handling of relations with teachers, center director, aides, other parents and other children. Styles and sequences of interaction, variations in presentation of self, and changes in the content, length and setting of interaction can be examined first hand. While social cognition studies demonstrate that preschool children generally do not engage in role-taking, particularly where the perspectives of adults are involved (Shantz, 1975), the day care--family relationship does provide a socially-rich environment where initial formulations may be made about conventions of social relations and interpersonal exchange, and about the boundaries of the family's relations with other social systems.

The second implication of the day care--family relationship for the behavior and development of children deals with discontinuity. Consider the child's perspective of multiple-system childrearing. To function effectively, the child must negotiate a "goodness of fit" between and within the family-center milieu. Coping skills and behaviors must be developed to accommodate expectations, needs and demands of self and other members of the childrearing systems. If the "goodness of fit" process is to be reciprocal, the child must adopt problem-solving strategies that have an impact on the childrearing system. Lippitt (1968) suggests there are five approaches utilized by young children to deal with socialization input conflict. These approaches differ in the degree to which the child acknowledges the conflict and in the amount of reciprocity characterizing the child's attempt to resolve the conflict.

The type and intensity of inconsistencies between family and child care program vary, of course, yet the range of areas where discontinuity is likely to occur is of sufficient breadth to suggest, theoretically, that few children participate in family and day care center systems without experiencing inconsistency between the two social contexts. The effect of each of these possible discontinuities is that a child cannot depend on the norms of interaction learned in one setting to apply to another setting. For one thing, there are likely to be incongruent childrearing practices and "rules." A child's sex play, for instance, may be handled in markedly different ways by parents and caregivers.[1] There also may be differences in the influence techniques or regulatory strategies that parents and caregivers employ in interacting with children. The ways in which parents and center staff deal with a child's curiosity, hostilities, anxieties, quietness and fears may be inconsistent or in conflict with one another. In addition, it is highly probable that the physical environment of the center and home will be significantly diverse with respect to freedom of movement, opportunity for privacy, and social and spatial density (Prescott & David, 1976).

Differences in the interpersonal relationships of family and center systems suggest a discontinuity in the scope and affectivity of human relationships. The scope of relationships in the family generally is functionally diffuse but in the center is functionally specific. Affective relationships in the family tend to be particularistic but in the day care center they typically are universalistic. This discontinuity is especially important where the social attachment of very young children to adults is of concern. Within the nonfamilial institutional setting it is questionable whether normal attachment behavior is possible, given staff mobility and the tendency to organize institutions to prevent the development of specific attachments (Tizard & Tizard, 1974).

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[1] In fact, Prescott (1965) found a discrepancy between parent and day care teacher preferences for ways of handling a child's sex play.

Several other possible discontinuities between family and center appear to be considerably pronounced for children from families of low socioeconomic status. Indeed, these discontinuities reflect social class differences. One discontinuity is the nature of the language system used by family and center. The verbal environment of the day care center may differ markedly in interaction style, vocabulary and syntactic structure than that of the child's family. Another possible discontinuity surrounds value codes. Suppose, not unrealistically, a child care center's activities and staff adhere strongly to deferred gratification, emphasis on the future and the achievement ethic. Imagine the conflicts experienced by the child in this setting whose familial experiences revolve around day-to-day struggles for subsistence. These discontinuities may be most apparent where there are significant social class differences between family and secondary childrearing institution, and have been linked to low academic achievement among children from minority and low-income families (Deutsch, 1962). (See Getzels, 1968, 1974 for a discussion of family-school socialization discontinuities.)

Alleviating or diminishing these potential discontinuities has been viewed theoretically as essential to the improvement of a child's socialization processes, and can be accomplished through manipulation of the relationship between the socialization agencies. Lippitt (1968) suggests that much of the efficacy of the socialization impact on the child of the various socialization agencies depends on the type of communication and coordination that takes place between the socialization agents. A lack of horizontal collaboration between socialization agents may cause for the child problems of competitive demands for time, incompatible models of appropriate behavior, or inconsistent styles of adult regulation of child behaviors.

These arguments suggest, then, that the nature of the interface between families and child care centers affects the quality of children's socialization processes and their adaptive behaviors in negotiating discontinuities and social transitions between these two childrearing systems. It is important to emphasize that these arguments are theoretically-rather than research-based. There is no extensive research evidence comparing different types of day care--family relationships (i.e. degrees of parent involvement, interaction with staff). Most studies of the effect of parent involvement in early childhood programs have dealt with parent training programs, and data from these investigations are not directly applicable to most day care center settings (Fein, 1976).

The Intersection of Childrearing Systems

This study utilizes a social systems framework to examine the relationship between families and group child care programs. Of particular concern is the interpersonal ecology of the family--day care intersection, and the properties of these childrearing systems which appear to influence interaction with one another. The day care--family intersection may be viewed from two perspectives, one which examines the interface from the view of the surrogate child care institution and one from the family system perspective.

Comparative anthropological research data provide some insight into the relationship of the American family (specifically mothers) to other childrearing systems, and suggest that the dynamics of day care--family interaction may be partly a function of culture. A study of childrearing practices in villages in Mexico, the Phillipines, Okinawa, India, Kenya and a New England community called "Orchard Town" demonstrate the isolation in which American mothers raise their children and, more germane to the parent-caregiver relationship, reveals the skepticism with which mothers view the adequa of substitute caregivers. Compared with the five other cultures represented in this study, the Orchard Town mothers had little help in raising their children and, while this may have been due to the relative unavailability of adult caregivers, the anthropologists found the mothers convicted to the belief that no one else could provide adequate substitute care. This attitude led the mothers to reject alternative caregivers even when they were availabl The study found many mothers did not trust their neighbors' judgment with their children. The Orchard Town families' isolation from other childrearing systems and agents was further compounded by the geographical distance from relatives; few families had relative living near them (Minturn & Lambert, 1964).

Compare the detached Orchard Town family situation with the close interfacing of childrearing systems in another culture, the kibbutz. A strong belief within the kibbutz is that an optimal condition for a child's development is where the mother and the metapelet complement each other; the metapelet's relationships with parents is to be "conflict free" at all times. Neubauer (1965) notes that for the child, "... *how mother and metapelet interact*, whether there is *supplementation* instead of substitution, *complementation* instead of conflict, will be more significant than any of the detailed arrangements that are part of the (collective childrearing) practice (p. 111)."

This description of child care practices in the kibbutz, when compared with the Orchard Town data, sets forth a partial framework for analyzing the intersection of family and surrogate child care systems in the United States. While perhaps some of the fragmentation and isolation characteristic of the Orchard Town families has dissipated since the study was conducted several decades ago, the data from these two sources provide, from a cross-cultural perspective, a context for studying the dynamics of multipl system childrearing and, more important to this study's purposes, they suggest attitudinal factors which may play a significant role in shaping the nature of the social system intersection.

An examination of the day care--family intersection from the perspective of the child care center suggests there are tendencies toward system separateness not unlike those found in the Orchard Town analysis. In the child care center, the divisive factor which seems to parallel maternal suspicions of substitute caregivers in the family system is staff professionalism. Because few studies exist which systematically investigate a child care center's relations with families, a conceptual grasp of the child care center perspective is dependent upon an application of pertinent literature from related areas of investigation. Material which theoretically treats schools as formal organizations has been selected for this purpose.[2] While the state of research and theory in the area of external relations of organizations is relatively undeveloped, there is a small albeit growing body of organization behavior literature dealing with the social distance between schools and their constituencies which seems applicable to the day care--family relationship.

The distance and alienation of teachers from the communities in which they work has been a recognized issue in parent-teacher relations since Waller's (1932) classical study of the school as an organization. The distance seems to be caused, at least in part, by the knowledge and education levels of teachers. For the school the problem is one of maintaining parent interest in and commitment to the school program while preserving adequate parent-school distance to provide organizational and staff latitude. The tension is one generic to professionally-staffed, client-serving organizations - to prevent client demands from defining client welfare (Bidwell, 1965). The differences between the family and school settings necessitate the two systems to develop a relationship that does not bring them into such close contact that they impair the social structures that are required to sustain each (Litwak & Meyer, 1974).

In the case of schools (and day care centers) attempts at this delicate balance may be made through a maintenance of sufficient latitude vis-a-vis its constituency for the exercise of professional judgments regarding what kinds of specific program or educational outcomes best serve the client, and what procedures are best adapted to these ends (Blau & Scott, 1962). But again the major functional problem here is to sustain professional latitude without seriously diminishing constituency responsiveness. One approach to this problem is for the school to state its goals in ambiguous terms, thus allowing for flexibility in handling constituency expectations (Bidwell, 1965).

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[2] The application of school organization literature to day care centers grows out of the observation that child care centers have operational characteristics similar to schools. I have found it common for caregivers to be referred to as "teachers" (although in many cases they lack the traditional credentials), for the day care center to be informally or sometimes formally called a "school," for centers to define their purpose in relation to schools (i.e. claiming that day care center experiences enhance formal schooling), and for centers to have an "educational component" as part of the day, the style of which is similar to formal learning activities typically pursued in grade school. (I am referring, of course, to day care centers which are not a part of a public school system.) In fact, the argument could be made that day care centers in this country have patterned themselves after schools due to the lack of any other realistic model or lucid, acceptable blueprint from influential sources for the role of day care in the United States. To pursue the ramifications of this argument, then, it would seem logical that parent-caregiver relationships in day care settings perhaps would be similar in nature to parent-teacher relationships in school settings.

A recent exploratory analysis of selected organizational characteristics of 40 schools found several organizational variables related to the rate of face-to-face parent-teacher interaction and the frequency of parent-teacher disputes, measured by teacher reports. The study found the rate of interaction declined with school formalization, centralization, solidarity of teacher organizations and teacher's formal training, but interaction increased with staff seniority (Corwin and Wagenaar, 1976).

Levels of Parent-Caregiver Interaction

The aim of the discussion heretofore has been to submit that (a) there appear to be a number of possible socialization discontinuities between family and day care center systems, (b) these inconsistencies are likely to be stressful for children, and (c) there seem to be a number of interacting variables and social system properties that significant affect degrees of system intersection and coordination, and hence affect attempts to reduc childrearing discontinuities.[3]

The dominant members of the two childrearing systems under investigation in this study are parents and caregivers. The relationship between parents and caregivers reflects one of the major ways in which the family and child care center intersect. Parents and caregivers are responsible for carrying out the horizontal collaboration between socialization agents that leads to improved socialization processes (Lippitt, 1968 and for taking steps to alleviate or reduce the severity of discontinuities caused by differences in the two social systems. Parents and caregivers are in a position to coordinate the nature of the transitions and multiple messages with which a child must deal.

Parents and caregivers potentially interact with one another in a number of different ways (Chapman & Lazar, 1971; Honig, 1975; Gordon & Breivogel, 1976). The following discussion categorizes interaction into two general levels and reviews briefly what is known about the relationship within each.

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[3] The argument here is not to suggest that all discontinuities could (or even should) be eliminated through alterations in the ways families and day care centers interact (i.e. it is unlikely increased family--center interaction would bring about changes in language code discontinuities). It is to suggest that, given the array of potential inconsistencies, a reduction or elimination of some of these discontinuities might make the situation less stressful for children who make daily transitions between and adjustments to these systems. Further, the suggestion is that some of these possible discontinuities may be reduced or eliminated through changes in the nature of the family--center intersection.

Vertical Interaction. The vertical level of interaction entails the administrative and policy-making realm. Here the concern is with parents collectively and caregivers collectively, and with parent interaction with the child care program as an entity rather than concern with specific parent-caregiver dyads.

Parent representation on decision-making or policy advisory boards is representative of this interaction level. There are degrees of representation and power, of course, and several studies indicate there is considerable variation of formal parental input among early childhood programs. Data suggest a relationship between day care sponsorship and provisions for parental involvement in decision-making processes. One survey (Westinghouse-Westat, 1971) indicates that representation on decision-making boards is far greater in federally-funded centers than in other centers. A study of parental roles in day care programs under five types of sponsorship shows that parents in private non-profit day care usually represent an elected majority on the boards of their programs, but their role in program administration is more of an advisory one and less of a shared responsibility with day care administrators. The study reports that parents in Head Start and other public-supported day care programs seem to have considerable formal power, whereas day care programs connected with public schools give less formal power and decision-making responsibilities to parents. In private profit-oriented program there appears to be little formal parental involvement (Frost & Schneider, 1971).

It is not clear what impact formal parental input into policy-making activities has on the child care program, or on the parents (families) involved (Chapman & Lazar, 1971; Stearns, 1971). There is no systematic evidence comparing the effects and benefits of various kinds and degrees of parent involvement with strategies which ignore parent involvement, although there is evidence which suggests many successful preschool and elementary school programs have some kind of parent involvement (White, Day, Freeman, Hantman & Messenger, 1973).

Horizontal Interaction. At the horizontal level of interaction the focus is on the day-to-day informal exchanges between parents and caregivers. A major determinant of the nature of interaction at this level seems to be the purposes of the child care program. In programs where the aim is to alter parenting styles and skills, there is criticism that parents tend to be treated in patronizing ways and communication between parent and staff is essentially one way, from "expert" to less knowledgeable parent (Gordon, 1969; Hess, et al., 1971). Intuition suggests that perhaps the patronizing caregiver approach is not limited to programs seeking to change parent behaviors. Likewise, parent-changing programs are not limited to condescending ways of relating to parents. An emerging concept among programs designed to modify parenting skills is one of parent-caregiver partnership or reciprocal exchange (Weikert & Lambie, 1969; Kessen & Fein, 1975).

While there has been more study of parents at the horizontal level than at the vertical level, little is known empirically about parent interaction with child care program and the effects of interaction. The lack of research attention may be partially the result of minimal importance accorded the parent role in day care programs by activities in both research and service fields. Regulations governing Federally-supported day care progran (which well may serve as guidelines for non-Federally-supported programs) contain much ambiguity surrounding the rights of parents in surrogate child care arrangements. Indeed, it may be that parent participation in day care, especially at the vertical decision-making level, will not become an integral dimension of child care enterprises until adjustments are made in Federal regulations (Fein, 1976).

The Interpersonal Domain. It is the horizontal level of interaction in programs whose central purpose is to provide child care that is of particular interest to the present study. The interest is not in programs where an explicit emphasis is parent education or intervention. Interaction within this horizontal domain, which has not received systematic attention, has concern for the interpersonal dynamics of the parent-caregiver relationship. This domain perceives parents and caregivers as representatives of social systems that influence the child's life; it gives emphasis to values, role expectations and communication channels found among parents and caregivers. Essentially this interaction domain includes the day-to-day exchanges between parents and caregivers. These exchanges reflect and perhaps determine the ease, comfort and compatibility of the home-center systems, and constitute a significant part of the child's social experience in crossing the boundaries and dealing with the differences between home and center.

Little is known about this interpersonal domain of parent-caregiver interaction. We know that often there are differences in parents' and caregivers' values and expectations regarding the development of children (Robinson, Robinson, Wolins, Bronfenbrenner & Richmond, 1973) and that expectation differences seem to be related to racial and cultur membership (Sussman, 1976). We do not know, though, how these expectation differences or consistencies affect parent-caregiver interaction patterns or what might be the effects of major unresolvable expectation differences. We know there is a possibility for considerable conflict between parents and their substitutes, with some evidence of parental tension and anxiety surrounding the child's relationship with a caregiver (Klein & Ross, 1958). As discussed earlier, we know there are attitudinal and social structure factors that affect parent-caregiver interaction, but the specifics of these variables and their determinants and effects are not clear. In addition, we know that time and access are important elements in the development of interpersonal relationships, and that working parents have little time and limited sustained access to caregivers.[4]

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[4] The opportunity for informal face-to-face parent-caregiver interaction is limited. Unless special arrangements are made, interaction is consistently possible (but not necessarily probable) only at the transition point -- when parents leave and pick up their children. Generally this is a time filled with many tasks for caregivers and, as the present study shows, not all parents enter the center premises when leaving their child. The advent of center-provided transportation and car-pools for children further diminishe the opportunity for parent-caregiver contact. This factor, in addition to the multiple demands made of working (especially single) parents, places parents at a disadvantage in gathering sustained first-hand observations of the child care program, and raises some key issues related to the role of parents as informed consumers and monitors of the qualit of service (Fein, 1976).

These information voids underscore the need to distinguish interpersonal dynamics of parent-caregiver relationships, and to identify factors that appear to influence these relationships. There is a need to know the norms, expectations, roles, attitudes and communication patterns found among parents and child care providers; and to know how parents and caregivers perceive the family's and day care center's roles in the child's life.

Research Aims and Context

The framework presented for this study has two major interests; the dynamics of the intersection, and the degrees of interrelatedness of two childrearing systems -- the family and child care center. This chapter has argued that there are a number of possible discontinuities between these two childrearing systems, from the messages of socialization agents to the scope and affectivity of human relationships, and these inconsistencies may cause stress for the child. Further, there are indications the relationship between these systems is affected by factors unique to the two social systems by cultural norms, and by the interpersonal and formal (or legal) relationship between the adult members of these intersecting systems, parents and caregivers. If there is to be close coordination between these systems, to alleviate or reduce discontinuities, it must be carried out by parents and caregivers.

This research has three interrelated objectives: (a) to determine the nature of the interpersonal relationship between parents and nonfamilial caregivers in group child care settings[5]; (b) to identify variables which appear to have a significant influence on the parent-caregiver relationship; and (c) to determine the degree of consistency of childrearing values between parents and caregivers. The interest in social system intersection and interrelatedness is viewed as part of a larger issue that deals with the dynami and processes involved when a family system goes outside of its kinship boundaries for needs traditionally met by members of the familial network.

It is important to emphasize the scope and design of this research. The study has been designed as the first stage in a series of investigations examining the determinants and effects of parent-caregiver interaction and day care--family discontinuities. This correlational study is aimed at detecting and exploring patterns of variables with a view toward subsequent analyses[6]; study of causal relationships is not the intent of the present research. The position here is that the parent-caregiver-child triad in group day care settings is a multifaceted phenomenon requiring a series of related investigations. The cross-sectional study reported herein is designed to provide the data base deemed appropriate for further systematic investigation of dimensions of the complex problems presented in this chapter.

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[5] In part the decision to study child care centers instead of family day care homes was due to the availability of data on the parent-caregiver relationship characteristic of the latter group (Emlen, Donohue & LaForge, 1971; Willner, 1966) and the dearth of material on the former.

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[6] For example, two areas to which the present study's data lead are causal studies of the determinants of parent-caregiver interaction and the effects of parent-caregiver interaction on a child's socio-emotional adjustment to the day care center or prosocial behavior.

Chapter II

RESEARCH DESIGN AND METHODOLOGY AND SAMPLE CHARACTERISTICS

Research Design

Each of the three major questions addressed by this study has a conceptual framework that guided the research design, methodology and data analyses. Discussion of these frameworks and the research design follows.

The Interpersonal Relationship between Parents and Caregivers

The interpersonal relationship between parents and caregivers was conceptualized as consisting of communicative behaviors and attitudes. The flow of information between family and child care center is a measure of boundary interaction and also is indicative of types of parent-caregiver relationships. The systems theory approach to the study of social systems (e.g. Berrien, 1964, 1968) conceptualizes boundaries in the terms of the frequency or quality of the flow of communication or information between and among elements of systems.

Specifically this study examined four areas of communicative behavior and attitudes: (a) the frequency and diversity of parent-caregiver communication; (b) systems or networks of communication; (c) attitudes toward communication; and (d) communication mode preferences. Details of these areas are presented in chapters III and IV.

Predictors of Parent-Caregiver Communication

This study attempted to identify variables that are predictive of parent and caregiver communication. There has been little empirical investigation of the correlates or determinants of parent-caregiver interaction, and this research sought to identify variables for further in-depth study. The variables examined may be classified into three categories: organizational, staff and parent characteristics. A discussion of the variables examined follows.

Organizational Variables. Two organizational variables were studied. One is the sponsorship of the day care center (proprietary, nonproprietary) and the other is the influence of informal social networks comprised of friendship relationships among (a) parents using the same child care center or (b) parents and caregivers from the same center. A third potentially important organizational variable -- the enrollment size of the day care center -- was controlled.

The selection of the sponsorship variable stemmed from an interest in the possible influence of primary institutional purposes (i.e. caring for children vs. generating monetary profit by caring for children) on relations with clients. Are there significant differences in the center-family intersection when comparing profit-oriented and non-profit day care centers? There is some evidence that center sponsorship is related to variations in traditional forms of parent involvement in center operations (Frost & Schneider, 1971) but the effect of sponsorship on interpersonal dynamics of the parent-caregiver relationship has not been studied.

The consideration of informal social networks reflects an interest in the interpersonal relationships formed when families utilize nonfamilial resources for child care services. The particular concern here is with the influence of (a) friendship relationships between parents and caregivers and (b) considerable interaction among families using the same center on parent-caregiver communication. Descriptive data suggest a relationship between cohesive social networks surrounding a day care center ("a natural human support system") and parent-caregiver interaction (Bank Street Day Care Consultation Service, n.d.).

Staff Variables. Nine staff variables, several of them interrelated, were studied. Findings of an extensive study of day care centers by Prescott and Jones (1967) served as a basis for the selection of many of the staff variables.

Five caregiver variables deal with educational preparation and years of experience. These include years of formal education, age of caregiver, special training (i.e. conferences, workshops), years of formal experience in working with young children, and number of years since completion of formal education. Also investigated were caregiver role function (i.e. director, teacher, aide) and communicative attitudes. In addition, the study examined caregiver role concept or definition; that is, the caregiver's conception of what she/he is trying to accomplish in her/his daily relations with children.

Previous research has found a relationship between teacher characteristics and classroom behavior (Getzels & Jackson, 1963; Prescott & Jones, 1967). A relationship also has been found between teacher characteristics and relations with parents, specifically between teacher seniority and frequency of interaction with parents (Corwin & Wagenaar, 1976). Correlates of caregiver interaction with parents within day care settings have not been studied, however. With respect to caregiver role concept, Prescott and Jones (1967) found teacher's definition of role to be related to teacher behaviors. The present study examined role concept in relation to frequency of interaction with parents.

Parent Variables. Eight parent variables were studied. These include socioeconomic status, length of association with the day care center, previous use of a day care center, and communicative attitudes. Also, the study considered the geographical distance of the center from the parent's home and place of work/school, family composition (one- and two-parent family), and the number of centers visited prior to selection of the present center. In addition, this research examined parents' perceived influence of the day care center on their child in relation to communicative behavior.

Informal social networks, presented above as an organizational variable, also are considered as parent and staff variables in this study.

Chart 2.1 summarizes the organizational, staff and parent variables in relation to the study's dependent variable (communication).

Parent and Caregiver Childrearing Belief Congruence

This research examined the congruency between parent and caregiver childrearing beliefs as part of an interest in the discontinuity between family and day care center. Much research on childrearing attitudes is limited through a focus on adult control within the context of a restriction-permissiveness dichotomy, and by a neglect to analyze in depth specific child control techniques. These weaknesses, plus an interest in the situational and social contexts of childrearing behavior preferences, led to the use of a research instrument that recognizes varied influence techniques and situational contexts. Details are discussed in the next section of this chapter and in Chapter VI.

Research Methods

Data were collected with a structured interview administered by trained interviewers in the spring of 1976. The eight female interviewers were matched with respondents by race. Data collection began April 15, 1976 and concluded June 10, 1976, avoiding holidays or seasonal occasions which typically bring parents in contact with the center (i.e. holiday parties) and extended child absence from the center due to vacation.

An overview of the major research measures developed and used in this study is presented below. Instrument development and refinement, which spanned a ten-month period, included pre-testing with representative samples. All measures were tested in a pilot study conducted at a Detroit day care center in 1976.

Communicative Behavior Measures

The frequency of parent-caregiver communication was measured in two ways. First, communication frequency by topic was examined. Second, communication frequency by different modes and setting was investigated.

Communication frequency by topic was measured by asking respondents to indicate verbally on a six-point ordinal scale the frequency of communication for each of 12 items potentially of communicative value to parents and caregivers. The 12 items reflect child- and parent/family-related topics, with seven items in the child domain and five in the parent/family domain. The ordinal scale ranged from "never" to "almost every day." The 12 items were identical for parents and caregivers, permitting comparative analysis. Parents were asked, "How often do you communicate with the center director or a staff member about . . ." and caregivers were asked, "How often do you talk with a parent about . . . . "

Chart 2.1

Summary of Variables Investigated

Staff Variables

Years of formal education
Age of Caregiver
Special training
Years of formal experience
  with young children
Years since completion
  of formal education
Caregiver role function
Caregiver role concept
Communicative attitudes

Parent Variables

Socioeconomic status
Length of association
  with day care center
Previous use of day care
Geographical distance
  of center from home/work
Family composition
Number of visits to centers
  prior to center selection
Perceived influence of
  center on child

Parent-Caregiver Communication
Frequency and Diversity
(Dependent Variables)

Organizational Variables

Sponsorship of Center
Informal friendship networks
  among parents and caregivers

The 12 items were developed from a careful analysis of parent and caregiver responses to an open-ended probe during a pilot study.

The frequency of parent-center contact by mode and setting was measured by asking subjects to indicate the frequency of contact by different modes and settings using the six-point ordinal scale utilized to measure frequency by topic. There were five modes and settings for both samples but not all items were identical.

Items and further information for both of these measures are reported in Chapter III.

For this study it is important to distinguish between dyadic relationships and the dyadic context of interpersonal communication. This study examined information exchanged within a dyadic context of parent-caregiver communication. It did not examine established parent-caregiver dyads. The unit of analysis was communication between a parent and a caregiver, but not necessarily the same parent-caregiver combination over a period of time.[1]

Communicative Attitude Measures

Two types of attitudes relating to communication were measured: attitudes toward parent-caregiver communication and communication mode preferences.

Communicative attitudes were measured by a factor-analyzed instrument developed for this research. The scale measures attitudes toward parent-caregiver discussion of parental childrearing values and expectations of the child care center, and discussion of parent/family-related issues and matters. It also measures satisfaction with the current level of parent-caregiver communication, and parents' perceptions of the day care center as a childrearing/child development information resource. Details of the development of this instrument are discussed in Appendix A. Specific items are reported in Chapter III.

To determine communication mode preferences, subjects were asked to preferentially rate ten common modes of parent-caregiver communication; five items reflect one-way communication, from center to parent (i.e. printed newsletter) and the remaining five represent two-way communication (i.e. parent-caregiver conference). In addition to differing communication modes, the one- and two-way preferences may be distinguished by the type of information that may be appropriately shared (institutional vs. individualized messages) and the degree of personal involvement required in each. The ten modes examined are reported in Chapter III.

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[1] The staffing arrangement of day care centers does not enhance the formation of specific dyadic relationships of parents and caregivers. Unlike preschool and elementary school settings, there is not in most day care centers one specific caregiver responsible for a given cluster of children. Rather, there is a group of children with a number of adult caregivers in charge. There may be a delegation of roles and authority within this group of caregivers, but the relationships with children appear to be universalistic. For the child (and presumably the parent) there is not the caregiver, but a caregiver. Besides having implications for the study of parent-caregiver relationships, this diffused nature of caregiver-child relationships prompted a research question, pursued in chapters III and IV, about the degree to which there are established parent-caregiver dyads in existence.

Childrearing Beliefs/Preferences Measure

Childrearing beliefs and behavior preferences were measured by adapted use of an interview schedule developed by Sigel, Johnson and McGuillicuddy-DeLisi (1976). The modified schedule consists of 16 critical incident situations with an adult and four-year-old child. Eight situations involve a parent and child in a home setting, and eight revolve around a caregiver and child in a day care center setting. Within each of these two categories four situations are potential teaching situations where the child does not understand a concept or how an object functions; the other four situations reflect child management or prosocial behavior problems. The eight home and eight center situations parallel each other by the nature of the specific problem presented; the only major difference between parallel situations is the social context.

In each situation the child's behavior invites adult influence, although the interview schedule recognizes the "no behavior" possibility. For each situation there is a series of response options that represent different influence technique categories based on the work of Sigel (1960) and Hoffman (1960). For child management situations, the major influence technique categories include: power assertion, qualified power assertion, persuasion, suggestion and avoidance; parallel teaching techniques are: didactic, qualified didactic, qualified didactic-demonstration, socratic and avoidance. Further details of the coding system and critical incidents are reported in Chapter VI and Appendix B.

Other Measures

Measures of the predictor variables are discussed in Chapter VI, with the exception of the communicative attitudes instrument which is detailed above. Participation in an informal social network is discussed in Chapter III.

Sample Selection and Characteristics

This study's sample consisted of parents (N=212) and caregivers (N=89) in 12 Detroit area day care centers. Sample selection procedures and characteristics are discussed below.

Sample Selection

A letter which succinctly explained the purpose of the study was sent to directors of all licensed day care centers (390) in Wayne and Oakland counties (Detroit and suburbs), requesting that centers interested in participating in the study return a one-page form providing basic center data. Sixty-one centers returned the form. Sixteen met the study's criteria (listed below). These centers were contacted in person by a research project staff member. Three declined to participate, and one was excluded on the basis of unstable enrollment.

One-half of the parent population and all caregivers in each of the 12 centers were studied. Center staff members having 20 hours or more per week of employment at the center and direct involvement with children for all or a portion of their time at the center were studied. This included center directors, assistant directors, teachers, aides and, in some cases, food personnel. The term "caregiver" refers to all of these personnel categories.

One parent from each randomly-selected family was interviewed. In the case of two-parent families the research project requested an interview with the parent who had the most contact with the child care center. The research project made direct contact with the randomly-selected parents via mailed letter follow-up with a telephone call to answer questions and request an interview. Serious efforts were taken to indicate to parents, directly and indirectly, that the research was not being carried out on behalf of the center they used and that data would not be shared with center personnel. Interviews were scheduled with parents and caregivers at their convenience. Each interview took about one hour to complete.

A total of 250 parents were requested to participate in the study. Of the 38 who did not participate, 7 were unable to find the available time, 6 could not be reached by telephone and did not respond to letters, 2 indicated an unwillingness to participate, and 23 were replaced with alternate respondents after failing to show for three scheduled and confirmed interview appointments.

Center Characteristics

The 12 centers represented equally four research cells, as shown in Chart 2.2. The cells reflect proprietary and nonproprietary characteristics and the socioeconomic status of the parents served by the centers (middle- and working-class).

The centers enrolled at least 30 but not more than 60 children from ages 2 1/2 to 5 years on a full-day basis. The centers had been in operation for at least two years at the time of the study, and were licensed by the Michigan Department of Social Services. Further, the centers did not use parents as volunteers or aides on a regular basis in caring for children. Parent education was not an explicit programmatic effort in the research centers. Three centers provided transportation for the majority of the children served. These centers represented three different research cells. Six centers were located in the City of Detroit, and six in Detroit suburbs.

Parent Sample Characteristics

Sex and Age. The vast majority of the parents interviewed were mothers of children enrolled at the day care centers under study (90.6%). Only 14 of the 212 parent respondents (6.6%) were fathers and six respondents (2.8%) were biologically-related legal guardians.

Chart 2.2

Distribution of Research Centers by Sponsorship and Socioeconomic Variables

	Working-Class*	**Middle-Class***
Proprietary	Center N = 3 Parent N = 64 Caregiver = 16	Center N = 3 Parent N = 64 Caregiver N = 26
Nonproprietary	Center N = 3 Parent N = 47 Caregiver N = 26	Center N = 3 Parent N = 47 Caregiver N = 21

*Center SES classification based on income level of majority of parents in each center.

Table 2.1 reports the age range of the parent sample. More than three-fourths of the parents were 25 years or older at the time of the study.

Socioeconomic status. Three indices of socioeconomic status were investigated: income and education levels, and Reiss' (1961) socioeconomic index, which is based on occupation.

This study considered an annual family income level of $10,000 or less or no college education as criteria for working-class status. Of the 212 parents, 43.8% had no college and 45.4% earned $10,000 or less.

More than one-half of the parents (59.9%) reported annual family incomes of less than $15,000. 11.8% had family incomes of $3,500 or less, 21.7% with incomes between $3,501 and $7,500, 10.8% with incomes between $7,501 and $10,000, and 15.6% with incomes between $10,001 and $15,000. Table 2.2 summarizes family income range data. Of the five parent respondents who refused to provide income data, three used centers serving a largely working-class population and two used centers providing care to a generally middle SES group.

The distribution of formal education among the parent sample was equally varied. As reported in Table 2.3, the portion of the sample with a four-year college education or more is small (15.1%), with 41.1% of the sample having two years of college or less and 43.8% with a high school education or less.

The socioeconomic status of the parents ranged from 7 to 85 on the 100-point Socioeconomic Index (SEI) for Occupations (Reiss, 1961). However, more than one-half of the respondents (57%) fell into the middle-class range of 40 through 69 SEI. Table 2.4 reports the socioeconomic distribution for 183 of the 212 parents; the 29 parents not represented in this table were students or not employed at the time of the study. The mean SEI is 42.35 with a standard deviation of 24.52.

Occupation. Most of the respondents (90.6%) were employed at the time of the study. Table 2.5 shows the distribution of occupations, including student and homemaker categories. Over one-third of the parents (38.2%) were employed in clerical occupations, with the next largest clustering (17.5%) in professional positions (within the professional category there was a significant number of teachers).

Race. The parent sample was about evenly split between black and white respondents. 52.8% of the parents were Afro-American, 45.3% were Caucasian and 1.9% represented other ethnic backgrounds.

Clearly the parent sample represented both middle- and working-class blacks and whites. An examination of the relationship between race and SES indicators shows a fairly even distribution of black and white respondents across income and education categories While proportionately blacks earned less than whites in this study, 48.2% of the black respondents and 63.6% of the white respondents had family incomes above $10,000. More whites (46.9%) than blacks (42.9%) had a high school education or less, but more blacks (47.3%) than whites (34.4%) had up to two years of college.

Table 2, 1

Age Ranges of Parent Sample

Age range	Frequency	Cumulative
16 to 19 years	0, 9%	0, 9%
20 to 24	22, 2	23, 1
25 to 30	44, 8	67, 9
31 or older	32, 1	100, 0

N=212

Table 2, 2

Family Income Ranges of Parent Sample

Income range	Frequency	Cumulative
$ 3, 500 or less	12, 0%	12, 0%
3, 501 to 7, 500	22, 2	34, 2
7, 501 to 10, 000	11, 2	45, 4
10, 001 to 15, 000	15, 9	61, 3
15, 001 or more	38, 7	100, 0

N=207 (5 refused to provide income data)

Table 2, 3

Formal Education Levels of Parent Sample

Education level	Frequency	Cumulative
Some high school	12, 7%	12, 7%
Completed high school	31, 1	43, 8
Less than 2 yrs. college	20, 3	64, 1
2 yrs. college	20, 8	84, 9
College degree (4 yrs.)	8, 0	92, 9
Some graduate work	3, 3	96, 2
Graduate degree	3, 8	100, 0

N=212

Table 2.4

Socioeconomic Status of Working Parent Respondents (Reiss Socioeconomic Index)

Socioeconomic Index (Reiss)	Representative Occupation	Actual Frequency	Percentage Frequency	Cumulative Frequency
0-9	hsehld worker	2	01%	01%
10-19	waitress	25	13	14
20-29	practical nurse	9	05	19
30-39	sales clerk	15	08	27
40-49	clerical worker	38	21	48
50-59	bank teller	14	08	56
60-69	secretary	52	28	84
70-79	teacher	25	14	98
80-above	bank mgr.	3	02	100

N=183 (29 respondents not employed)
X 42.35
S.D.=24.52

Table 2.5

Occupational Status of Parent Sample

Occupation	Frequency (%)
Professional	17.5
Managerial	7.1
Clerical	38.2
Sales	4.7
Craftsman	1.4
Operative	5.2
Service Worker	10.9
Laborer	1.4
Student	9.4
Homemaker	4.2

A racial mix was not maintained in each of the 12 research centers, perhaps reflective of the Detroit area's racial polarization geographically. Three centers served entirely white populations; three entirely black populations; two mostly white; three mostly black; and one center approached a 60-40 white-black population.

Family composition. Slightly more than one-half of the parent respondents (51.4%) represented single-parent families. There was a fairly even distribution of one- and two-parent families across all 12 centers (an important fact pursued in subsequent data analyses). 60.7% of the black and 41.7% of the white respondents headed single-parent families.

Most of the parents (90.1%) had three or fewer children. A breakdown shows 41.0% with one child; 35.4% with two children; 13.7% with three; 4.7% with four; and 5.3% with five or more. One respondent had eight children. For 52.4% of the parents, their oldest child was five years of age or younger.

Use of day care. Parents were asked about their previous use, if any, of a day care center and about their use of the present center.

For many of the parents (69.3%) the present center was their first use of a day care center. The 30.7% who had used a center prior to the current center had considerable involvement (measured in time) with group child care. Of this group, 61.5% first used a center two or more years prior to the study, and 72.3% used their first center for a period longer than six months.

Parents provided varied reasons for selecting the present child care center. One-third (33.5%) indicated the first reason for selecting the center was its location to home; 16.4% chose the center because of its program. Those citing type of program as a first, second or third reason for center selection (34.4%) were asked to indicate what about the program influenced their decision. Coded responses show 27.4% were influenced by factors relating to staff such as competence, attributes or staff-child ratios ("the number of aides and the interest they showed," "the girls [staff] seemed motherly and affectionate"); 16.4% for the program's emphasis on cognitive or traditional school-oriented skills ("they teach academics, it's not a play school"); 12.3% for its perceived social relations benefits ("it allows children to communicate with peers"); 19.2% for the program's degree of structure, including little and a great deal ("there are certain times for quiet, education and play," "the children have a lot of freedom"); and the remainder for the program's religious orientation, racial composition, and other reasons.

A majority of parents (80.7%) visited the presently-used center prior to its selection. 60.8% of all parents did not visit other centers prior to selection of the current center. Of those who did, 32.5% visited one other center; 31.3% visited two; 16.9% visited three; and 19.3% visited four or more.

Most of the respondents (81.6%) had only one child enrolled in the day care center under study. Sixteen percent had two children and 2.4% had three children enrolled.

For parents with one child in the center, the sexes of the children were split almost evenly (50.5% male, 49.5% female). For parents with two or three children at the center, the oldest child was male (60.2%), the next oldest female (55.3%) and the third male (71.4%) in the majority of cases.

For 60.8% of the parents, the present center was located two miles or less from their home but for 67.9% the center was more than two miles from work.

About one-fourth of the parents (27.8%) had used the present day care center for six months or less at the time of this study.

Caregiver Sample Characteristics

Sex, Age and Race. Most of the caregiver respondents (94.3%) were female and represented a fairly even distribution of ages ranging from 20 to 40 years, as reported in Table 2.6.

Overall the racial composition of the caregiver sample approximated but did not exactly parallel the racial composition of the parent sample. 38.2% of the caregivers were Afro-American, 58.4% were Caucasian, and 3.4% represented other ethnic backgrounds. In three centers the interviewed staff was entirely black; in five centers entirely white; in two mostly black; in two mostly white; and in one center the staff approached a 50-50 mix. A comparison of parents and caregivers by race within each center shows general consistency.

Education. Nearly one-half of the caregiver sample (46%) had two or more years of college. For 28.1%, high school completion was the highest formal education level attained at the time of the study. Table 2.7 reports formal education levels of the caregiver sample. 13.5% of the caregivers were engaged in formal schooling at the time of data collection. 24.7% had completed their formal education less than three years prior to the study; 29.3% completed their education from three to ten years prior to the study; 15.7%, 11 to 20 years; and 16.9%, more than 20 years. Of those with two or more years of college, 23.8% majored in child development, 42.8% majored in education, 14.8% majored in the behavioral or social sciences, and the remainder in other disciplines.

Nearly two-thirds of the caregivers (64%) reported attending a conference or professional meeting related to young children or day care within the past two years. Slightly less than one-half (48.1%) had engaged in special training related to children or day care within the past two years. Of those participating in special training efforts, the majority (67.4%) had attended one- or one-half-day workshops. Special training for longer time periods had not been pursued by most caregivers within the past two years.

Center relationship. More than one-half of the caregivers (59.6%) had been employed at the research center under study for two or more years at the time of data collection. One-fourth (25.1%) had been employed for less than one year. Eight of the 12 center directors had been in the directorship for three or more years; three had been

Table 2.6

Age Ranges of Caregiver Sample

Age Range	Frequency	Cumulative
16 to 19 years	6.7%	6.7%
20 to 24	23.6	30.3
25 to 29	22.5	52.8
30 to 39	21.3	74.1
40 to 49	14.6	88.7
50 or older	11.2	100.0

N=89

Table 2.7

Formal Education Levels of Caregiver Sample

Education Level	Frequency	Cumulative
Some high school	10.1%	10.1%
Completed high school	28.1	38.2
Less than 2 yrs. college	15.7	53.9
2 yrs. college	13.5	67.4
College degree (4 yrs.)	15.7	83.1
Some graduate work	11.2	94.3
Graduate degree	5.6	100.0

N=89

directors of the study centers for at least two years and one had been the director for less than one year.

Previous child care experiences. Caregivers studied in this research had varied previous formal and informal experiences in working with children. More than one-third (36%) had three to five years of formal experience in working with young children; 25.8% had one to two years; 12.4% less than one year; and 25.8% more than five years. Prior formal experiences included: teacher or aide in nursery school or preschool program (34.8%), elementary school teacher (16.9%) and teacher or aide in day care center (23.6%). Previous informal experiences included: church school teacher (50.6%), babysitter (75.3%), and volunteer in an early childhood program (31.5%).

Chapter III

COMMUNICATIVE AND ATTITUDINAL DIMENSIONS OF PARENT-CAREGIVER RELATIONSHIPS

The data reported in this chapter revolve around the first question of this study: What is the nature of the interpersonal relationship between parents and caregivers in group child care settings? The aim of this and the following chapter is to provide an analytic description of parent-caregiver relationships.

This study's conceptualization of the interpersonal relationship between parents and caregivers may be dissected into four areas dealing with communicative behaviors and attitudes. The following were investigated:

> Communication frequency and diversity. How often do parents and caregivers communicate with one another? What topics do they discuss? Attention was given to variations in and the relationship between frequency and diversity. In later analyses, the data in this category constitute the dependent or criterion variable.
>
> Communication systems. Within this category a number of areas were examined: frequency of parent-center contact by settings and modes; channels of communication between center and parents; and the degree of interaction among parent and caregiver subgroups. Of specific concern were informal linkages connecting parents and caregivers and providing the basis for a social or friendship network of families and day care center.
>
> Communicative attitudes. Here there was an examination of attitudes toward (a) parent-caregiver discussion of parental childrearing values and expectations of the child care center; (b) discussion of family-related matters; (c) satisfaction with the current level of communication; and (d) parents' perceptions of the child care center as a childrearing information resource.
>
> Communication mode preferences. What are parents' and caregivers' preferences for the ways they communicate with one another? One- and two-way communication modes were investigated.

Data in each of these areas are presented in this chapter. With several exceptions, the data represent frequency distributions for the entire sample; variations in communicative behavior and attitudes are discussed in Chapter IV.

Communication Frequency and Diversity

The question here is how often do parents and caregivers communicate with one another and, when they do communicate, what do they communicate about. How often parents and caregivers communicate was studied in two ways, first by examining communication frequency in a number of different settings and with different modes, and second by examining communication frequency in relation to topic discussed. The setting and mode data are reported in the next section of this chapter. Communication frequency by topic is treated in this section.

The mean and standard deviation scores for parent communication frequency reports are shown in Figure 3.1 and for caregiver reports in Figure 3.2. What the child's day is like at the center is discussed more often than any other topic by parents ($\bar{X}$=3.40) and caregivers ($\bar{X}$=3.70), with the nature of this topic suggesting one-way communication from caregiver to parent. Of the 12 topics, the parent's friends are discussed the least by parents ($\bar{X}$=0.35) and caregivers ($\bar{X}$=0.78). Child-related items are discussed more often than parent/family-related items by both respondent groups, suggesting there are specific topic boundaries and domains deemed appropriate by parents and caregivers for frequent discussion. Figure 3.3 reports the mean of mean scores for the seven items in the child domain and five items in the parent/family domain for parents ($\bar{X}$=2.20 for child, $\bar{X}$=0.78 for family) and caregivers ($\bar{X}$=2.85 for child, $\bar{X}$=1.45 for family). This histogram also reports the grand mean score for all 12 items by parent ($\bar{X}$=1.61) and caregiver ($\bar{X}$=2.26) groups.

It appears that parents initiate much parent-caregiver discussion surrounding several specific child-related topics. Of those parents who discuss the following topics at least once a month or more frequently, the majority indicated that typically they approach a center staff member to discuss the child's peer relations (60.5%), childrearing problems (68.2%), and caregiver-child relations (60.8%).

Caregiver mean scores are consistently higher than parent mean scores on all 12 items and hence the grand mean score for caregivers is higher than the parent grand mean score. As expected, a *t*-test of parent and caregiver frequency reports on all 12 items found statistically significant differences for 10 of the 12 items ($p < .01$, two-tailed). No significant difference between parent and caregiver frequencies was found for the topics of child-teacher relations and what the child's day is like at the center.

This discrepancy may be due to the influence of the parent-caregiver ratio level. There are considerably more parents than caregivers, with the study centers' average staff-child ratio of 1:10 indicating there is on the average one caregiver to communicate with ten parents, assuming one parent per child. Caregivers have proportionately more persons with whom to communicate than do parents, creating a situation where *overall* caregivers communicate more frequently than parents but with considerably more individuals.

Frequency X Diversity. The frequency and diversity dimensions of the communication data were analyzed separately to determine the relationship between the two, and to examine variations in communication frequency and diversity among parents and caregivers. Diversity refers to the number of topics discussed.

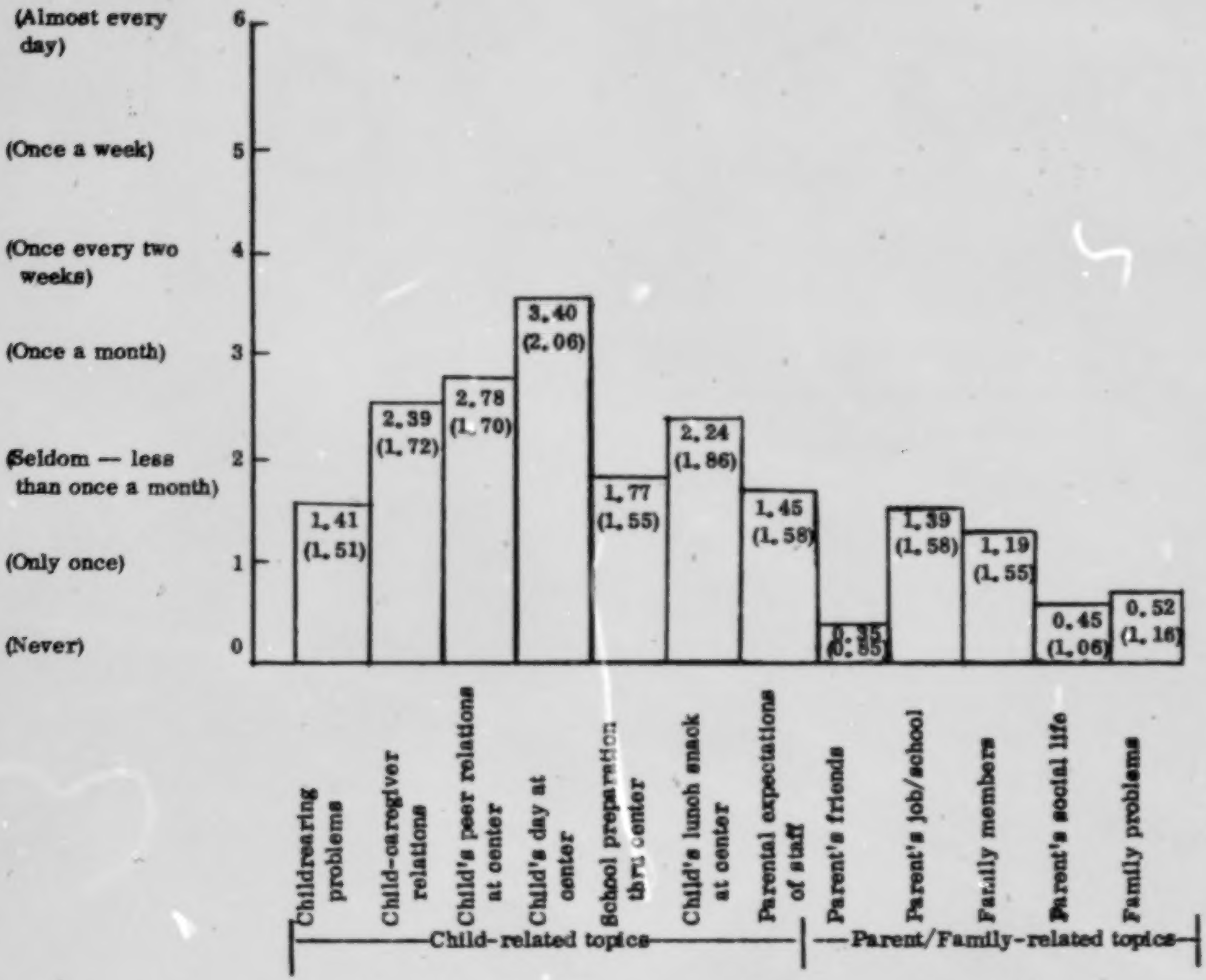

Figure 3.1 — Mean and standard deviation (in parentheses) scores for parent reports of parent-caregiver communication frequency by topic.

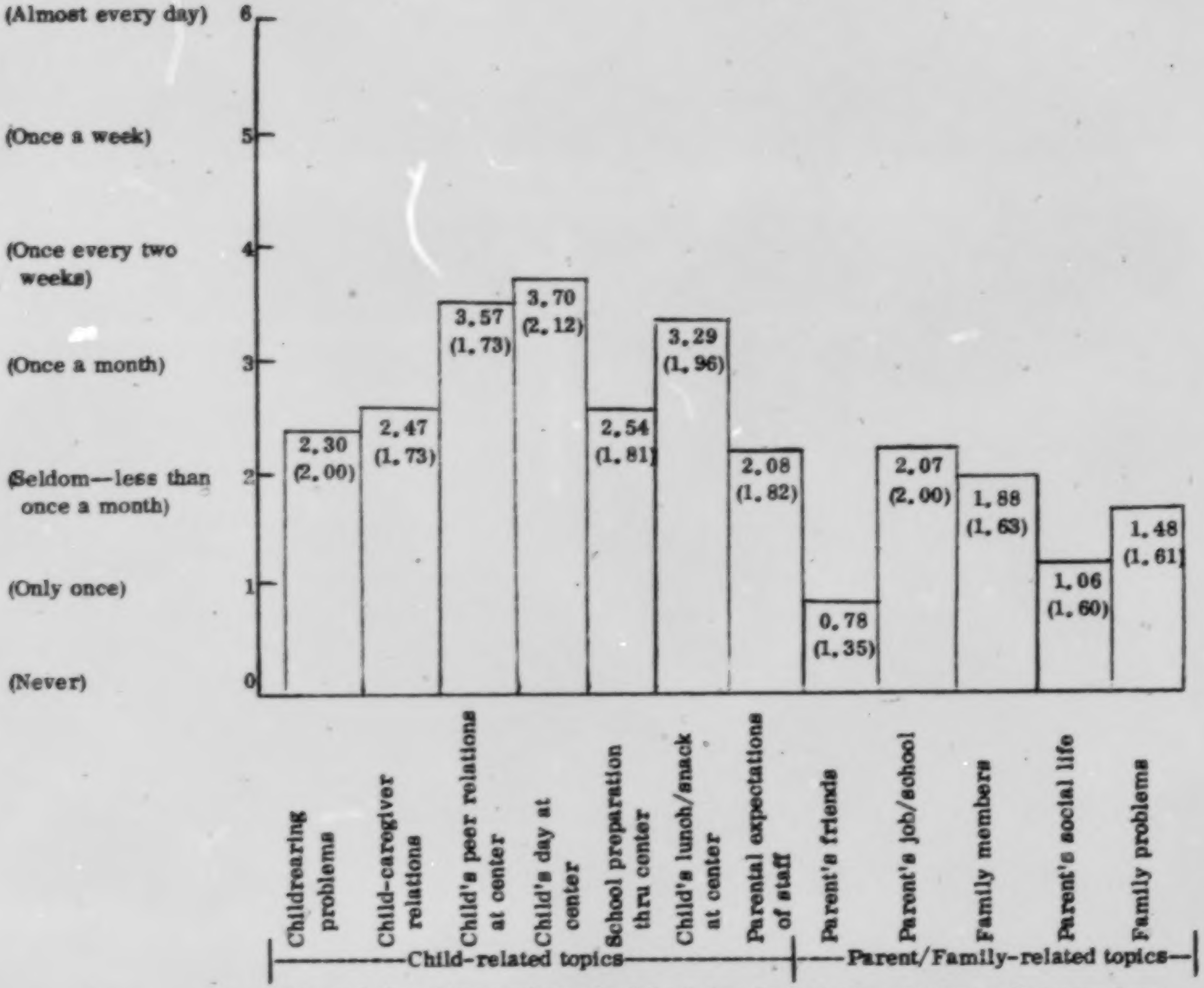

Figure 3.2 -- Mean and standard deviation (in parentheses) scores for caregiver reports of parent-caregiver communication frequency by topic.

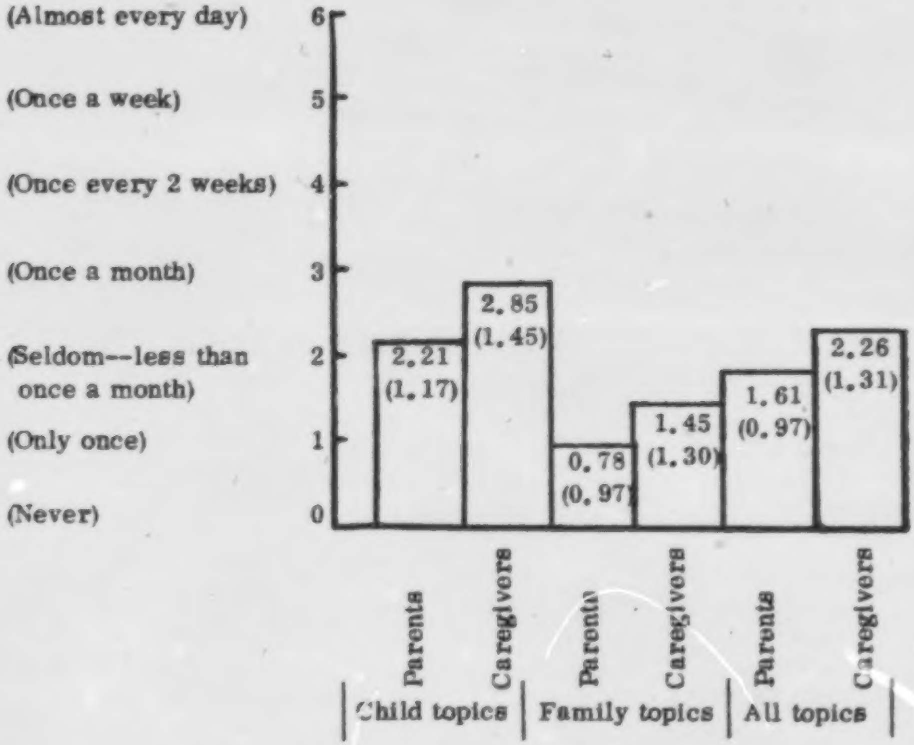

Figure 3.3 — Mean and standard deviation (in parentheses) scores for parent and caregiver reports of parent-caregiver communication by topic summary

A high correlation between diversity and frequency was found for both parent and caregiver samples. An increase in frequency corresponds to an increase in number of topics discussed; conversely, a decrease in communication frequency parallels a decrease in the number of topics under discussion. For parents the correlation coefficient is .92. The coefficient for caregivers is .91.

The high correlation between frequency and diversity provides a statistical justification for combining frequency and diversity to examine variations in parent-caregiver communication. An analysis consistent with this position was carried out to investigate differences in communication frequency by child- and parent/family-related topics. In addition, analyses were conducted which treated frequency and diversity dimensions separately due to an interest in examining communication quality and quantity as different albeit related phenomenon. This latter series of analyses will be discussed first and then continued in the next chapter.

The mean and standard deviation scores for communication frequency and diversity are reported in Table 3.1 for both parent and caregiver samples. The frequency score for caregivers ($\overline{X}$=2.96) is higher than the parent frequency score ($\overline{X}$=2.17) and likewise with caregiver diversity ($\overline{X}$=8.22) and parent diversity ($\overline{X}$=6.71) scores. A t-test shows differences between parent and caregiver diversity X frequency scores to be statistically significant ($p < .001$, two-tailed), giving further evidence of inconsistency in the communicative behavior between the two samples.

To examine variations in the communication frequency and diversity between and among parents and caregivers, each of the two samples was partitioned into three categories designated high, medium and low communication frequency.[1] A series of one-way analyses of variance found the three parent subgroups to be statistically different when examining all four communicative attitude factors ($p < .05$), and the three caregiver subgroups to be statistically different on two of the three communicative attitude factors ($p < .01$).

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[1] An analysis of variability in communication revealed a significant number of cases within both samples that did not discuss two or more of the 12 topic items. To clearly separate the "never discuss" codes (0 on the 6-point ordinal scale) from other frequency codes, codes 1 through 6 were respectively recoded 2 through 7 with the "never discuss" code remaining 0. This moved the mean scores upward where topics were discussed. This was done to cluster cases with "never discuss" codes into a homogeneous subgroup. Mean and standard deviation scores were used to create the three categories, and respondents' mean scores were used to assign each case to one of the three categories. Boundaries of the medium category are one-half of the standard deviation score on both sides of the sample mean score. For example, for caregiver frequency data, one-half of the standard deviation 1.571 is .786 and this number added and subtracted to the sample mean score (2.956) yields a medium category ranging from 2.170 to 3.742. The low category consists of mean scores less than the lower end of the medium category, and the high category is comprised of mean scores greater than the upper end of the medium category.

Table 3.1

Comparison of Parent and Caregiver Communication Frequency and Diversity

	Frequency		Diversity	
	Parents (N=212)	Caregivers (N=89)	Parents	Caregivers
Low*	33.0%	30.3%	36.3%	31.5%
Medium**	36.3	38.2	35.4	21.3
High***	30.7	31.5	28.3	47.2
Mean****	1.17	1.96	6.71	8.22
Standard Deviation	1.19	1.57	2.91	3.52

*Frequency: parent $\overline{X}$ scores < 1.580; caregiver $\overline{X}$ scores < 2.170.
Diversity: parent $\overline{X}$ scores < 5.253; caregiver $\overline{X}$ scores < 6.467.
**Frequency: parent $\overline{X}$ scores between 1.580 and 2.766; caregiver $\overline{X}$ scores between 2.170 and 3.742.
Diversity: parent $\overline{X}$ scores between 5.253 and 8.163; caregiver $\overline{X}$ scores between 6.467 and 9.983.
***Frequency: parent $\overline{X}$ scores > 2.766; caregiver $\overline{X}$ scores > 3.742.
Diversity: parent $\overline{X}$ scores > 8.163; caregiver $\overline{X}$ scores > 9.983.
****Maximum $\overline{X}$ frequency score = 6; maximum $\overline{X}$ diversity score = 12.

The distribution of parent and caregiver samples by communication frequency and diversity, also reported in Table 3.1, shows a relatively equal spread of respondents among the low, medium and high frequency categories, but a proportionately higher percentage of parents and caregivers in the low and high diversity categories respectively. Overall, significantly more caregivers (47.2%) than parents (28.3%) are in the high diversity category, although more parents (35.4%) than caregivers (21.3%) are represented in the medium diversity category.

Frequency and diversity were combined for an analysis of variations in parent-caregiver communication by child- and parent/family topic domains. The same statistical procedure, as outlined above, was used to block the two samples into high, medium and low categories. As reported in Table 3.2, there are more parents and caregivers in the high category for child-related topics than for parent/family-related topics, and likewise more respondents in the low category for parent/family topics than for child-related topics.

A perhaps more meaningful examination of frequency and diversity variations rests in an analysis of communication data within the context of the day care center and in relation to caregiver role functions. Analysis of the communication data with these two approaches included examination of frequency and diversity separately as well as combined, with the latter enabling consideration of variations in child- and parent/family-related topics.

Within the center context, the aim was to determine the extent to which there was in existence within each center, subgroups or cluster of parents and caregivers distinguished by variation in communication frequency and diversity. An examination of the distribution of parents and caregivers in the high, medium and low categories for each of the 12 research centers indicates considerable variation within and between centers. Distributions within each center suggest subgroupings of parents and, to a slightly lesser degree, of caregivers differing in communication frequency and diversity in all 12 centers. Only one center lacked parent subgrouping into the three categories; this center did not have parents represented in the low diversity category. In this center plus three others, caregivers were not found in both low diversity and frequency categories. Communication variability within each center is discussed in detail in Chapter IV.

A comparision of communication diversity and frequency distributions between centers shows significant variation. While these variations are treated further in Chapter IV, it is interesting to note here that in only one center was the majority of parents in the high category for child-related topics and in four centers the majority of parents was in the low category. Also noteworthy, in one center the majority of parents was high in discussion of parent/family-related topics but medium in discussion of child-related issues.

An analysis of caregiver communication frequency and diversity by caregiver role function, reported in Table 3.3, suggests a relationship between communication frequency and diversity and the hierarchical arrangement of the day care staff. Variations in caregiver communication correspond to differences in caregiver role status. The higher the status position within the center, the higher the communication frequency and diversity; similarly, roles lower in the staff hierarchy are characterized by a lower frequency and

Table 3.2

Comparison of Parent and Caregiver Communication by Topic Domains

	Child-related topics		Parent/family-related topics	
	Parents (N=212)	Caregivers (N=89)	Parents	Caregivers
Low *	33.5%	29.2%	42.0%	41.6%
Medium **	37.7	39.3	34.0	32.6
High ***	28.8	31.5	24.1	25.8

*Child-related topics: parent $\bar{X}$ scores < 2,625; caregiver $\bar{X}$ scores < 3,125.
Parent/family topics: parent $\bar{X}$ scores < 1,295; caregiver $\bar{X}$ scores < 1,800.
**Child-related topics: parent $\bar{X}$ scores between 2,625 and 3,795; caregiver $\bar{X}$ scores between 3,125 and 4,575.
Parent/family topics: parent $\bar{X}$ scores between 1,295 and 2,265; caregiver $\bar{X}$ scores between 1,800 and 3,100.
***Child-related topics: parent $\bar{X}$ scores > 3,795; caregiver $\bar{X}$ scores > 4,575;
Parent/family topics: parent $\bar{X}$ scores > 2,265; caregiver $\bar{X}$ scores > 3,100.

Table 3.3

Comparison of Caregiver Communication Frequency and Diversity by Caregiver Role Function

	Frequency			Diversity		
	Low*	Medium**	High***	Low*	Medium**	High***
Directors (N=12)	---	4 (33.3%)	8 (66.7%)	---	---	12 (100%)
Adm. Asst. (N=4)	---	3 (75.0%)	1 (25.0%)	---	1 (25.%)	3 (75.0%)
Teachers (N=37)	9 (24.3%)	14 (37.8%)	14 (37.8%)	10 (27.0%)	8 (21.6%)	19 (51.4%)
Aides (N=32)	15 (46.9%)	12 (37.5%)	5 (15.6%)	15 (46.9%)	9 (28.1%)	8 (25.0%)
Food Personnel (N=4)	3 (75.0%)	1 (25.0%)	---	3 (75.0%)	1 (25.%)	---

*Frequency: $\bar{X}$ scores < 2,170; Diversity: $\bar{X}$ < 6,467.
**Frequency: $\bar{X}$ scores between 2,170 and 3,742; Diversity: $\bar{X}$ scores between 6,467 and 9,983.
***Frequency: $\bar{X}$ scores > 3,742; Diversity: $\bar{X}$ scores > 9,983.

diversity score. Hence, directors are higher in communication frequency and diversity than any other staff role, and are followed, in this order, by teachers and assistant administrators, aides and food personnel.

Communication Systems

The study sought to delineate the systems of communication between and within the day care centers and the groups of parents they serve. The following were of specific interest: the frequency of parent-center contact by different modes and settings; the channels of communication between center and parents; the degree of interaction among parents who use the same center; the existence of informal parent-caregiver friendship relationships; and, within the center, an identification of variations in caregiver contact with parents and the degree of caregiver-to-caregiver communication about parents. Discussion of each area follows.

Mode and Setting. Respondents were asked to give a verbal indication of the frequency of parent--center/caregiver contact by different modes and settings using the six-point ordinal scale utilized to measure communication frequency by topic. There were five modes and settings for both respondent groups but not all items were identical. Table 3.4 reports percentage, mean and standard deviation scores for parent responses and Table 3.5 reports caregiver data.

Of the five setting/mode areas studied, the highest frequency of parent-caregiver exchange occurs at the "transition point" when parents leave and pick up their child at the day care center, according to both parent $(\bar{X}=4.22)$ and caregiver $(\bar{X}=4.61)$ reports. The scores reported in Table 3.4 are for all parents, including those who do not transport their child to and from the center personally. When this latter group (N=60) is removed from the sample, the mean is 5.19 for parents who take their child to and from the center on a daily basis. It is interesting to note that of those parents who transport their child to and from the center (N=152), 29.7% reported they typically do not enter the center premises when leaving their child for the day.

The parent and caregiver mean scores for communication frequency when parents drop off and pick up their child are higher than any of the mean scores for communication frequency by topic; even the most-discussed topic of what the child's day is like at the center has parent and caregiver mean scores below the scores for parent-caregiver communication when the parent leaves and picks up the child at the day care center. The inconsistency is an important one. Perhaps it suggests that parents and caregivers do indeed communicate with one another on a fairly regular basis but the interpersonal exchange is a general, maybe superficial one, not always including one or more of the substantive child- or parent/family-related topics examined in the 12-item communication frequency-by-topic measure discussed in the previous section. Since the 12 child and parent/family items appear to be fairly inclusive, and are based in part on an analysis of parent and caregiver responses to an open-ended probe during a pilot study, the preferred interpretation is that parent-caregiver communication which occurs when parents leave and gather their children does not always have a clear, substantive focus and is not always significantly related to the child, day care center, caregiver, parent or child's family.

Table 3.4

Frequency of Parent Communication/Contact With Caregivers by Setting and Mode

Setting/Mode	Frequency (%)				Mean (Max. =6)	Standard Deviation
	Never	Frequent[1]	Moderately Frequent[2]	Frequent[3]		
Talk with center staff when picking up/dropping off child	18.4	10.4	4.7	66.5	4.22	2.39
Talk on telephone with staff member	9.4	57.5	21.3	11.8	2.41	1.34
Visit center to observe child	25.0	48.6	17.0	9.4	1.92	1.64
Conference with center teacher	31.6	39.2	21.7	7.5	1.79	1.59
Conference with center director	36.8	37.8	19.4	6.1	1.63	1.57

N=212

[1] Category combines "only once" and "seldom -- less than once a month" responses.

[2] Category combines "at least once a month" and "at least once every two weeks" responses.

[3] Category combines "at least once a week" and "almost every day" responses.

Table 3.5

Frequency of Parent Communication/Contact With Caregivers by Setting and Mode

Setting/Mode	Frequency (%)				Mean (Max.=6)	Standard Deviation
	Never	Frequent[1]	Moderately Frequent[2]	Frequent[3]		
Talk with parents when they pick up/drop off their child	11,2	12,4	5,6	70,8	4,61	2,15
Talk on telephone with parent	13.5	33.7	14,6	38,2	3.21	2.02
Talk with parent(s) at child's home	82.0	14,6	3,3	---	0,39	0,91
Conference with parent	51,7	37.1	6,7	4.5	1.15	1,38
Write note to parent	41,6	29,2	19,1	10,1	1,73	1,84

N=89

[1] Category combines "only once" and "seldom -- less than once a month" responses.

[2] Category combines "at least once a month" and "at least once every two weeks" responses.

[3] Category combines "at least once a week" and "almost every day" responses.

The telephone is a communication mode utilized with moderate frequency by parents ($\overline{X}=2.41$) and caregivers ($\overline{X}=3.21$); 13.6% of the parents reported never or only once talking on the telephone with a center staff member. A larger group of parents -- 25.0% -- have never visited the center to observe their child. Almost one-third of the parents (31.6%) have never had a conference with a center teacher, and more than one-third (36.8%) have never had a conference with the center director. Caregivers almost never visit a child's home to talk with a parent ($\overline{X}=0.39$); the vast majority of caregivers (82.0%) indicated they have never visited a child's home to meet with a parent.

Communication Channels. The channels of communication between center and parent were investigated through an examination of the parents' information sources and key contacts at the day care center. Parents indicated their first and second primary sources of information about the day care center from an 8-item list that enabled inclusion of responses not provided as options. As shown in Table 3.6, slightly more than one-third of the parents (35.8%) indicated their child was the primary information source and one-fourth (25.9%) said a teacher or teachers were their second source of information about the center.

Parents also were asked to indicate the staff member with whom they have the most conversation. Almost one-third of the parents (31.6%) reported they talk consistently with no one in particular, while 32.1% talk consistently with the center director and 29.2% communicate consistently with a teacher. Table 3.7 summarizes these data.

Informal Parent Friendship Networks. While the parent--center relationship is the focal point of this study, some attention was given in the parent interview schedule to an examination of the degree of interaction between parents who use the same day care center. The intent was to identify possible clusters of parents who know and communicate with one another and, given the existence of such clusters, to explore the frequency, setting and topic of parent-to-parent interaction. This area of inquiry stems from an interest in the degree to which familial boundaries intersect with other families connected with the day care center.

Of the 212 parent respondents, 85 (40.1%) reported knowing other parents who use the same child care center. Sixty-three of these parents indicated they knew one or two other parents. Only 24 parents reported knowing three or more other parents, and this small subsample of parents (11.3% of the parent sample) was used to examine parent-to-parent communication. Parent clusters were found in 4 of the 12 study centers. Seventeen of the 24 parents reported they knew other parents prior to using the day care center.

Many members of these parent clusters (75%) reported interaction with other parents once a week or more often. The interaction occurs primarily when the parents pick up and leave their child at the center (70.8%) and in the parents' homes (58.3%) although there is some interaction with parents in other social settings (i.e. church). Topics discussed by the parents include the day care center (87.5%), their children (79.1%), the parents' job or school (70.8%), and family activities (62.5%).

Table 3.6

Parents' First and Second Primary Sources of Information About Child Care Center Activities

Sources	1st Source (%)	2nd Source (%)
Parent's child	35.8	20.8
Teachers	16.0	25.9
Center bulletin boards	14.2	12.3
Center director	12.7	13.7
Aides	2.8	0.5
Center bus driver	---	7.1
Friend/neighbor	0.5	0.5
Center newsletter	15.1	14.2
Relative	0.5	1.9
Another child	---	1.4
Other (i.e. center secretary)	2.4	1.9

N=212

Table 3.7

Staff Member With Whom Parents Communicate Most Frequently

Staff Member	Contact Most (%)
Center director	32.1
No one consistently	31.6
Teacher	29.2
Aide	5.7
Other (i.e. center secretary)	1.4

N=212

Friendship relationships among parents are discussed again in this report in Chapter V as a predictor of parent communicative behavior.

Informal Parent-Caregiver Friendship Networks. The study found unexpectedly indications of a significant number of friendship relationships between caregivers and parents, and caregiver familiarity with parents prior to center use. This area was studied tangentially, and through caregiver interview data only.

Nearly one-third (30.3%) of all caregivers reported knowing parents who use the center where they are employed prior to the parent's enrolling their child(ren) at the center. Ten of the 12 research centers had caregivers who knew parents prior to center use. In six of the centers 40% or more of the staff members reported knowing parents prior to center use, and in one of these centers 50% of the staff knew parents prior to their relationship with the day care center. Three of these six centers had clusters of parents who knew other parents, as discussed above. Less than one-third (29.2%) of the caregivers reported that they considered one or more of the parents using the center to be their friend(s); the breakdown shows 14 (15.7%) of the 89 caregivers considering three or fewer parents to be friend(s), 8 (9%) considering 4 to 9 parents to be friends, and 4 caregivers considering 10 or more parents to be friends. Caregivers reported discussing the following topics with parents they considered to be friends: job/school (89.5%), childrearing (65.4%), family activities (57.7%), family problems (54.2%), and the child care center (47.8%). Nearly all of these caregivers (88%) reported having contact outside of the center context with the parents considered to be friends.

An analysis of informal parent-caregiver networks within the context of the day care centers shows only two of the 12 centers with one-half or more of the staff members considering some parents to be friends. These two centers also are characterized by a high percentage of caregivers knowing parents prior to center use and clusters of parents knowing other parents, the specifics of which were discussed earlier in this section.

The matter of caregivers considering parents to be friends is given further treatment in Chapter V.

Caregiver Communication Networks. The study's examination of caregiver-to-caregiver communication dealt exclusively with the exchange of information related to parents. A significant portion of the caregiver respondents (48.3%) reported talking with other center staff members about parents at least once a week; 36% indicated they discussed parents less than once a week and 15.7% reported never discussing parents with other caregivers. While the tone or nature of caregiver-to-caregiver discussion of parents was not measured, caregivers indicated the following are topics of discussion: parent-child relations (90.8%), parent-center staff relations (47.4%), parents' problems (41.3%), and parents' lifestyles (39.2%).

A breakdown of caregiver-to-caregiver discussion of parents by caregiver role function shows all but one of the 12 center directors discussing parent-related topics with other staff members. Most teachers (91.9%) and aides (78.2%) talk about parents with other staff members. Of those caregivers who discuss parents with other staff members, the majority of directors (90.9%), teachers (91.7%) and aides (88%) discuss parent-child relations. A majority of directors talk with other staff members about parent-staff relations (72.7%) and parents' problems (63.6%); the majority in each of the other caregiver role categories do not discuss these topics. Less than one-half of the directors (36.4%) and teachers (43.8%) and only 24% of the aides discuss parents' lifestyles.

Communicative Attitudes

Communicative attitudes of parents and caregivers were measured by a series of summative scales using a six-point response continuum (neutral codes prohibited). The factor-analyzed instrument, developed for this research includes four factors for parents and three factors for caregivers. The factors examine attitudes toward parent-caregiver discussion of (a) parental childrearing values and expectations of the child care center; discussion of (b) family-related matters; (c) satisfaction with the current level of parent-caregiver communication; and (d) parents' perceptions of the child care center as a childrearing/child development information resource. The reader is referred to Appendix A for a discussion of the instrument's development.

The distribution of the parent and caregiver samples on individual attitudinal items is reported in tables 3.8 and 3.9, and a comparison of the responses of the two samples on selected items is represented in Table 3.10

Parents are fairly evenly split in satisfaction with the current level of parent-caregiver communication although slightly more than three-fourths of the parent sample (76.8%) is dissatisfied with the present flow of information about what the child does at the day care center. By comparison, caregivers are proportionately more dissatisfied with current parent-caregiver communication. The difference between the two samples on four identical attitudinal items is significant statistically, with parents more satisfied than caregivers with communication surrounding the child's home environment, parental expectations of the center and discussion in general, but caregivers more satisfied than parents with communication focusing on the child's center activities. It appears that more than one-half of the parents perceive the center as a childrearing information resource, with more than two-thirds of the parent sample (68.9%) viewing the caregivers as knowledgeable personnel.

Variations in the type of childrearing value information that parents and caregivers believe should be shared are noteworthy. First, a high percentage of parents (84.9%) and caregivers (93.2%) agree that parents should talk with the center staff about their expectations of the child's experiences at the center, but a considerably smaller group of parents (51.3%) and caregivers (64.0%) believe that parents should tell the center staff how they want their child to be treated at the center. This suggests a distinction between the appropriateness of discussing goals/expectations versus the specific methods for achieving center goals. Second, caregivers score higher than parents on items characterized by parent-to-center communication surrounding parental expectations of the center staff and the child's center activities, and parental childrearing values.

Table 3.8

Percentages, Mean and Standard Deviation Scores for Parent Communicative Attitudinal Items

Item	Disagree (%) (1-3)	Agree (%) (4-6)	Mean (Max. =6)	Standard Deviation
Factor I: Center as Childrearing Resource				
The center staff knows more about how children grow and develop than I do.	31.1	68.9	3.95	1.27
If I had a question about how I should raise my child, one of the center staff members probably could answer it.	36.9	63.2	3.79	1.21
My association with the day care center has taught me things about children I didn't know before.	41.5	58.0	3.66	1.34
I've learned things to do with my child from the center staff.	39.6	59.9	3.73	1.43
The center staff would be willing to talk with me about any topic I wished to discuss.	38.6	61.4	3.71	1.47
Factor II: Communication Satisfaction				
The teachers (or director) and I talk enough about what I want my child to gain from the center. *	42.5	57.5	3.81	1.46
I talk enough with the teachers (or director) about what my child does at the center. *	76.8	22.6	2.73	1.28
The teachers (or director) and I talk enough about my child's home life.	43.8	56.1	3.67	1.20
The center staff and I communicate enough as it is right now.	51.4	48.7	3.51	1.40
Factor III: Discuss Childrearing Values				
Parents should tell the teachers (or director) how they want their child to be treated at the center.	48.7	51.3	3.43	1.36
Parents need to talk with the teachers (or director) about what they want their child to get out of the center experience.	15.1	84.9	4.57	1.20

Table 3.8 (cont.)

Item	Disagree (%) (1-3)	Agree (%) (4-6)	Mean (Max. =6)	Standard Deviation
It's important for parents to explain to teachers (or director) how they are raising their children.	31.6	68.4	3.92	1.32
The center staff would be interested in talking with me about what I want my child to gain from the center.	5.7	94.3	4.95	0.85
The teachers (or director) would be willing to talk with me about how I want my child to be treated at the center.	16.0	83.9	4.55	1.24
Factor IV: Discuss Family Information				
It's important for the center to know a lot about me and my family.*	35.3	64.6	3.89	1.37
Parents should talk frequently with teachers (or director) about their child's home life.	29.2	70.8	4.06	1.24
Parents should always keep the center informed about their family activities.	60.9	38.7	3.04	1.33
In general, parents should discuss family problems with the center staff.	50.5	49.5	3.51	1.44
Parents should discuss their family problems with the center staff only when their child is having a problem.	35.8	63.7	3.88	1.44
The center staff would be pleased to discuss my child's home life with me.	20.3	79.7	4.34	1.34

N=212

*Items originally worded negatively; wording and scores reversed for presentation and analyses.

Table 3.9

Percentages, Mean and Standard Deviation Scores for Caregiver Communicative Attitudinal Items

Item	Disagree (%) (1-3)	Agree (%) (4-6)	Mean (Max.=6)	Standard Deviation
Factor I: Communication Satisfaction				
The center staff and parents talk enough about what the parent wants their child to gain from the center. *	75.3	24.7	2.91	1.29
Parents and the center staff talk enough about the children's activities at the center.	69.6	30.3	3.11	1.31
There is enough communication between parents and the center staff as it is right now.	72.1	27.9	2.99	1.03
There are some things I would like to talk with parents about but never do. **	66.3	33.7	3.16	1.44
Factor II: Discuss Childrearing Values				
Parents should tell the teachers (or director) how they want their child to be treated at the center.	35.9	64.0	3.92	1.40
Parents need to talk with the teachers (or director) about what they want their child to get out of the center experience.	6.7	93.2	4.97	0.79
It's important for parents to explain to teachers (or director) how they are raising their children.	22.5	77.5	4.32	1.22
Factor III: Discuss Family Information				
Parents should talk frequently with teachers (or director) about their child's home life.	22.4	77.5	4.25	1.31
Parents should always keep the center staff informed about their family activities.	52.8	46.1	3.34	1.33

Table 3.9 (cont.)

Item	Disagree (%) (1-3)	Agree (%) (4-6)	Mean (Max.=6)	Standard Deviation
The center staff talks enough with parents about their child's home life.*	74.2	25.8	2.99	1.03
Most parents would be interested in talking with the center staff about things their family does.	40.4	59.5	3.78	1.45
Most parents would be willing to discuss their child's home environment with the staff at any time, even if the child was not having a problem.	43.8	56.2	3.71	1.29

N=89

*Items originally worded negatively; wording and scores reversed for presentation and analysis.

** Scores but not original wording reversed for this negatively-worded item.

Table 3.10

Comparison of Selected Parent and Caregiver Communicative Attitudinal Items

Attitudinal Item	Parents (N=212) Mean	Parents (N=212) SD	Caregivers (N=89) Mean	Caregivers (N=89) SD	t test	p*
Should share info, home environment	4.07	1.24	4.25	1.13	-1.19	n.s.
Should share info, family activities	3.04	1.33	3.34	1.33	-1.75	n.s.
Parents share expectations of center staff	3.43	1.36	3.92	1.40	-2.85	.01
Parents share expectations of child's center activities	4.57	1.20	4.97	0.79	-2.90	.01
Parents explain childrearing values	3.92	1.32	4.31	1.22	-2.42	.05
Communication satisfaction, parents expectations of center	3.81	1.46	2.91	1.29	5.06	.001
Communication satisfaction, child's center activities	2.73	1.28	3.11	1.31	-2.37	.05
Communication satisfaction, child's home environment	3.51	1.40	2.75	1.30	4.41	.001
Communication satisfaction, in general	3.67	1.20	2.99	1.03	4.66	.001

*two-tailed, 299 df.

There is no statistically significant difference between parents and caregivers on attitudinal items suggesting an exchange of information about family activities and home environment; the majority agree these topics should be discussed. While more than two-thirds of the parents indicated that information about their child's home life should be shared with the center staff, considerably fewer parents (38.7%) believe the center should be kept informed of family activities on a constant basis. The parent sample is almost evenly split on the matter of whether family problems should be discussed with center staff as a general principle; almost two-thirds (63.7%) agree that family problems should be discussed if the child is having a problem.

An examination of individual items concerned with perceived receptivity of the other party to communication shows variation in perceived openness across several different issues/topics. An overwhelming number of parents (94.3%) perceive caregivers willing to discuss parental expectations of the child's center experiences, but considerably fewer (61.4%) agree that caregivers would be willing to discuss any parent-initiated topic. Most caregivers (95.5%) perceive parents open to discussion about family activities, and slightly more than one-half (56.2%) perceive parents willing to discuss their child's home environment.

Communication Mode Preferences

Parent and caregiver preferences for ten typical modes of communication between parent and center were examined using an ordinal rating scale. Five of the items reflect one-way communication, from center to parent, and the other five suggest a two-way communication channel. The items also may be distinguished by the type of information that ordinarily would be exchanged with a given mode (i.e. institutional versus individualized messages) as well as the degree of personal involvement required of a communication mode. The extreme preferences -- strongly preferred and strongly not preferred -- are shown in Table 3.11 for both samples.

Overall there appears to be fairly consistent agreement between parents and caregivers on the most and least preferred modes of communication, although there are indications that caregivers prefer to relate to parents as a group more than parents would prefer.

Two two-way communication modes are more strongly preferred than other modes by both samples. These preferred modes are regular parent-teacher conferences, and communication at the "transition point" when parents pick up and drop off their child at the day care center. Caregivers do not prefer to have the parent's child serve as the key communication link. While a significant number of parents concur with this preference (44.8%), about one-fourth of the parents (27.8%) strongly prefer this communication mode. Bulletin boards and the telephone are not modes preferred by parents and caregivers.

Table 3.11

Parent and Caregiver Communication Mode Preferences

Communication Modes	PARENTS		CAREGIVERS	
	Strongly Not Preferred	Strongly Preferred	Strongly Not Preferred	Strongly Preferred
One-way Modes				
Center newsletter published regularly	21.2%	29.7%	15.7%	39.3%
Center bulletin boards	50.5	16.5	40.4	19.1
Notes sent with child	34.4	22.6	39.3	13.5
Child tells parent	44.8	27.8	58.4	6.7
Periodic letters/flyers	24.5	17.5	33.7	22.5
Two-way Modes				
Regular parent-teacher conferences	12.7	53.8	10.1	55.1
Group parent meetings	39.6	23.6	20.2	39.3
Parent-teacher conference only when requested	4.7	36.8	14.6	36.0
Talk when parent picks up/drops off child at center	20.8	50.5	23.6	55.1
Telephone	45.8	18.9	43.8	13.5

More than one-third of the parents (39.6%) do not prefer group parent meetings while about an equal number of caregivers do (39.3%). Further, more than one-third of the caregivers (39.3%) prefer a regularly-published center newsletter; a smaller percentage of parents (29.7%) prefer this mode, and 21.2% do not prefer this mode. These trends suggest that more caregivers than parents prefer to have caregivers communicate with parents as a group.

Chapter IV

A TYPOLOGY OF PARENT-CAREGIVER RELATIONSHIPS

The aim of this chapter is to set forth a typology of parent-caregiver relationships based on analyses of interrelationships between communicative and attitudinal variables and of variations in communication topics, modes, settings and channels. The differences in communication frequency and diversity discussed in the previous chapter argue for an in-depth examination of the differences between parent and caregiver groups varying in communicative behavior. This chapter attempts such an investigation. It does so with two approaches. The first approach collapses center boundaries, creating parent and caregiver subgroups from the two respective samples. The second approach examines differences between centers based on variations in parent communicative behavior.

An analysis of variations in communication frequency and diversity between and within centers, discussed in Chapter III, suggests two findings about the communicative nature of centers and parent-caregiver relationships. These findings have major implications for the data analyses discussed in this report. First, an examination of variations between centers indicates there are significant differences between centers in the quality and quantity of parent-caregiver communication, enabling the classification of centers into high, medium and low categories and permitting an examination of their common and diverse attributes. This finding provides the rationale for statistically partitioning the centers into subgroups, discussed later in this chapter, and analyzing their differences, which is pursued in Chapter V.

A second finding is that, while overall there are differences between centers, there also is significant variation in communication among parents and caregivers within most centers. As shown in Table 4.1, the vast majority of parents and, to a lesser extent, caregivers in most of the centers do not fall into one of the three communication frequency categories. For parents, in five of the centers there is a relatively even spread across the three categories; in seven centers there are two or fewer cases in one of the categories, but still a reasonably equal distribution of cases in the remaining two categories. Caregivers are not distributed as evenly as parents. In six centers there are no caregivers in one of the three categories, yet in these centers the distribution tends to be relatively equal between the remaining categories.

These distributions indicate that overall, while a given center may be skewed toward low or high communication and hence be categorized accordingly, the skewness of the center does not limit all of its cases to the directionality of the center. For example, a center may be skewed toward and classified as high communication frequency but still have a significant number of cases spread across the three categories (the boundaries of which are fixed across all centers). Likewise, a center could be classified as low in communication frequency and still have a significant distribution of cases across categories. Center #1 is representative of this latter example. It is classified as low in parent communication frequency, yet has 41.2% of its parents in the medium category and 23.5% in the high category.

Table 4.1

Distribution of Parent and Caregiver Communication Frequency Ranges by Centers

	Parents			Caregivers		
Center	Low	Medium	High	Low	Medium	High
1	47.1%	29.4%	23.5%	---	50.0%	50.0%
2	25.0	43.8	31.3	28.6	57.1	14.3
3	14.3	28.6	57.1	---	62.5	37.5
4	7.7	53.8	38.5	---	60.0	40.0
5	25.0	40.0	35.0	11.1	44.4	44.4
6	57.1	35.7	7.1	75.0	16.7	8.3
7	44.0	24.0	32.0	---	44.4	55.6
8	64.0	32.0	4.0	28.6	28.6	42.9
9	63.6	22.7	13.6	50.0	50.0	---
10	15.4	38.5	46.2	87.5	12.5	---
11	18.8	43.8	37.5	22.2	22.2	56.6
12	17.6	47.1	35.3	40.0	40.0	20.0

These significant variations in parent and caregiver communication within the center context yield a basis for developing a typology of parent-caregiver relationships that utilizes respondent frequency score rather than center frequency status, as the basis for subgrouping the two samples. Discussion of data analyses pursued within this framework follows.

Communication Variation within Centers

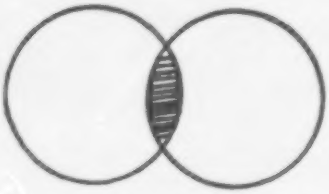
Both parent and caregiver samples were partitioned into low, medium and high communication frequency categories using the mean and standard deviation score procedure outlined in Chapter III to establish categories and assign cases. For purposes of comparison and organizational simplicity, discussion of the parent and caregiver subgroupings is presented below under the low, medium and high category headings. Further, Venn diagrams are used to represent graphically varying degrees of overlap or intersection between parents and caregivers. In no way is this to suggest that dyadic relationships are under examination or that parents and caregivers of the same frequency category communicate with one another. To the contrary, it may be, for example, that a low-frequency parent communicates with a high-frequency caregiver. Other than examining communication channels, this study made no attempt to investigate established parent-caregiver dyads (and indeed has found they do not exist in many instances, see Chapter III), and the matching of parents and caregivers by category here does not mean the parents and caregivers under discussion constitute a relationship. The purpose of the Venn diagrams is to show (a) the degree to which parents under examination interface with the day care center, or (b) the degree to which the caregivers under examination interface with parents. A given Venn diagram does not represent a specific parent-caregiver relationship.

The following discussion first explores characteristics of each of the low, medium and high communication frequency subgroups for parent and caregiver samples, and then examines changes across subgroups to depict trends in communicative and attitudinal variables as communication frequency and diversity change.

In developing this typology, attention is given to communication frequency by topic, communication frequency by setting and mode, communication channels, and the relationship of the attitudinal variables to variations in communication frequency and diversity. It will be recalled that a strong correlation between communication frequency and diversity was found for both samples (see Chapter III) and therefore it is expected there will be an increase in the number of topics discussed as communication frequency increases. Important questions to be answered here are what topics are discussed as frequency increases and what is the sequence of topics when ordered by frequency level for low, medium and high subgroups. Further, is there consistency across subgroups in the ordered sequence of topics discussed? Other questions of interest to the development of this typology deal with possible variations in the setting and mode of parent-caregiver communication, variations in the channels of communication and in the interrelationships between attitudes and communication.

Low Communication Frequency

Parents. The bulk of parent-caregiver communication involving low frequency parents ($N=70$, $\bar{X}$ frequency scores < 1.580) is comprised of child-related topics, according to parents reports. Some parent/family-related topics are never discussed by any of the low-frequency parents and others have extremely low mean frequency scores, suggesting that many parents do not discuss these topics. Table 4.2 reports mean and standard deviation scores for the 12 topic items studied.



The most frequently-discussed topic by the low frequency sub-group is the child's day at the center ($\bar{X}=1.57$), which is consistent with the entire parent sample. The only parent/family-related topic discussed more frequently than a child-related issue is the parent's job or school ($\bar{X}=0.44$), which precedes the child-related topics of childrearing problems ($\bar{X}=0.37$) and parental expectations of the center staff ($\bar{X}=0.36$). Parent's social life and family problems are never discussed by low-frequency parents and parent's friends are almost never discussed. Following discussion of the child's day at the center, low-frequency parents talk with caregivers about their child's peer relations, lunch/snack at the center, and child-caregiver relations more frequently than any other topic.

Statistically significant relationships between topics suggest individual patterns of parent communication with caregivers for this subgroup. There are strong correlations, significant at the .001 level, between discussion of parent's job/school and family members, and between child-caregiver relations and child-peer relations. Parental expectations of center staff is related to discussion of how the center can help prepare the child for school ($p < .01$).

Consistent with the entire parent sample, this subgroup engages in parent-caregiver interaction when picking up/dropping off the child ($\bar{X}=3.0$) more than in any other communication setting studies. The telephone ($\bar{X}=1.9$) is the next most frequently-used mode of communication. Conferences with a teacher ($\bar{X}=1.1$) and director ($\bar{X}=0.7$) are infrequent, with the low mean scores suggesting they never occur for many parents (see Table 4.3).

The data suggest low-frequency parents have not established consistent linkages with a given member of the child care center. The parent's child is the main channel of information about center activities for 41.4% of the low parent subgroup, and the center newsletter and bulletin boards are the first information source for 22.9% and 10% of the parents respectively. These data are reported in Table 4.4. Further, 40% of the low parent subgroup do not have a main staff contact at the center, as shown in Table 4.5.

The low-frequency parent subgroup is not satisfied with the current level of parent-caregiver communication ($\bar{X}$ factor score, -.239), does not see the center as a childrearing information resource ($\bar{X}$ factor score, -.211), and does not believe there should be significant parent-caregiver discussion of childrearing values ($\bar{X}$ factor score, -.280) and family information ($\bar{X}$ factor score, -.409). Communication satisfaction is significantly correlated with both communication frequency and diversity (see Table 4.6).

Table 4.2

Mean and Standard Deviation Scores for Communication Topic Frequency by Low-, Medium- and High-Frequency Parents*

Topic	Low	Medium	High
Childrearing problems	0.37 (0.92)**	1.42 (1.22)	2.52 (1.56)
Child-caregiver relations	1.07 (1.23)	2.48 (1.40)	3.71 (1.49)
Child's peer relations at center	1.40 (1.22)	2.98 (1.43)	4.05 (1.30)
Child's day at center	1.57 (1.60)	3.74 (0.10)	4.97 (1.29)
School preparation through center	0.64 (0.87)	1.81 (1.35)	2.94 (1.49)
Child's lunch/snack at center	1.19 (1.35)	2.34 (1.89)	3.26 (1.71)
Parental expectations of staff	0.36 (0.72)	1.49 (1.48)	2.57 (1.59)
Parent's friends	0.01 (0.12)	0.14 (0.06)	0.97 (0.15)
Parent's job/school	0.44 (0.83)	0.92 (1.14)	2.97 (1.47)
Family members	0.24 (0.60)	0.87 (1.13)	2.60 (1.72)
Parent's social life	0.00 (0.00)	0.21 (0.64)	1.23 (1.52)
Family problems	0.00 (0.00)	0.26 (0.85)	1.40 (1.55)

*Maximum $\overline{X}$=6

**Standard deviation in parentheses.

N=212

Table 4.3

Frequency of Parent Contact with Caregivers
by Setting and Mode for Low-, Medium-and High-Frequency Parents*

Setting/Mode	Low	Medium	High
Talk with caregivers when pick up/ drop off child at center	3.00 (2.55)**	4.42 (2.31)	5.29 (1.59)
Talk on telephone with caregivers	1.94 (1.25)	2.55 (1.36)	2.72 (1.31)
Visit center to observe child	1.22 (1.01)	2.14 (1.75)	2.40 (1.84)
Conference with teacher	1.06 (1.27)	1.90 (1.51)	2.43 (1.69)
Conference with director	0.70 (0.92)	1.63 (1.42)	2.63 (1.68)

*Maximum $\overline{X}=6$
**Standard deviation in parentheses

Table 4.4

Primary Source of Information About Child Care Center
for Low-, Medium- and High-Frequency Parents

Information source	Low	Medium	High
Parent's child	41.4%	31.2%	35.4%
Teachers	10.0	16.9	21.5
Center bulletin boards	12.9	18.2	10.8
Center director	7.1	14.3	16.9
Aides	---	2.6	6.2
Friend/neighbor	---	1.3	---
Center newsletter	22.9	14.3	7.7
Relative	1.4	---	---
Other (i.e. center secretary)	4.3	1.3	1.5

Table 4.5

Staff Member With Whom Parents Communicate Most Frequently by Low-, Medium- and High-Frequency Parents

Staff member	Low	Medium	High
Center director	32.9%	31.2%	32.3%
Teacher	27.1	35.1	24.6
Aide	---	3.9	13.8
No one consistently	40.0	26.0	29.2

Table 4.6

Mean and Standard Deviation Scores for Attitudinal Variables by Low-, Medium- and High-Frequency Parents

Attitudinal Variable	Low	Medium	High
Center as Childrearing Information Resource (I)	-.211 (.928)*	-.034 (.875)	.186 (.807)
Communication Satisfaction (II)	-.239 (.922)	.089 (.783)	.151 (.928)
Discuss Childrearing Values (III)	-.280 (.946)	.036 (.727)	.259 (.794)
Discuss Family Information (IV)	-.410 (.905)	-.001 (.841)	.443 (.708)
Prefer One-Way Communication Modes	1.917 (0.278)	1.865 (0.235)	1.819 (0.339)
Prefer Two-Way Communication	2.080 (0.267)	2.130 (0.233)	2.120 (0.365)

One- and two-way communication preferences are negatively correlated ($\underline{p} < .001$), and overall there is a slight preference for two-way communication ($\bar{X}$=2.080).

Caregivers. Members of the low-frequency caregiver subgroup (N=27, $\bar{X}$ frequency scores < 2.170) discuss child-related topics almost exclusively. As shown in Table 4.7, several parent/family-related topics are never discussed by any of these caregivers and other topics have mean frequency scores sufficiently low to suggest that only a few caregivers within this subgroup discuss these topics.

The most frequently-discussed topics are the child's peer relations at the center and the child's day ($\bar{X}$=1.85 for both). These topics are followed, in order of decreasing frequency, by lunch/snack at the center ($\bar{X}$=0.74), child-caregiver relations ($\bar{X}$=0.89), and school preparation ($\bar{X}$=0.74). Parent's social life and friends are never discussed by any of the caregivers in this subgroup, family problems and parent's job/school are almost never discussed, and family members are discussed infrequently ($\bar{X}$=0.41).

Individual patterns of caregiver communication with parents are suggested by the statistically significant relationship between discussion of childrearing problems and peer relations ($\underline{p} < .01$); also, discussion of the center's role in preparing a child for school relates to child-caregiver relations ($\underline{p} < .001$). Parent-caregiver communication focusing on family problems is significantly related to discussion of family members ($\underline{p} < .05$) and child's day at the center ($\underline{p} < .01$).

Caregivers in the low frequency subgroup have their most contact with parents at the time children enter and leave the day care center, but even here the mean score ($\bar{X}$=2.41) is low. There is some interaction with parents via telephone ($\bar{X}$=1.78) but almost never any contact with parents through conferences ($\bar{X}$=0.30), or writing notes ($\bar{X}$=0.63) and never at the parent's home ($\bar{X}$=0.03) (see Table 4.8).

Low-frequency caregivers do not believe there should be a significant degree of parent-caregiver discussion of childrearing values ($\bar{X}$ factor score, -.319) or family matters ($\bar{X}$ factor score, -.327), and are relatively satisfied with the present level of parent-caregiver communication ($\bar{X}$ factor score, .149). Like low-frequency parents, there is a significant negative correlation between one- and two-way communication ($\underline{p} < .001$) (see Table 4.9).

Medium Communication Frequency

Parents. Parents in the medium-frequency category (N=77, $\bar{X}$ frequency scores between 1.580 and 2.766) discuss what the child's day is like at the center ($\bar{X}$=3.91), peer relations ($\bar{X}$=3.50) and lunch/snacks ($\bar{X}$=3.74) with about equal regularity. While this subgroup discusses parent/family-related topics more frequently than the low parent subgroup, all seven child-related topics precede the family topics when ranked in order of decreasing frequency. Parent's friends ($\bar{X}$=1.14) are almost never discussed; the most frequently-discussed family topic is parent's job/school ($\bar{X}$=2.06) (see Table 4.2).

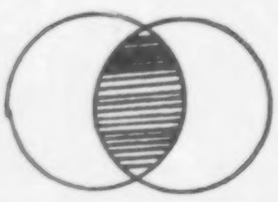


Table 4.7

Mean and Standard Deviation Scores for Communication Topic Frequency by Low-, Medium- and High-Frequency Caregivers*

Topic	Low	Medium	High
Childrearing problems	0.44 (1.19)**	2.32 (1.49)	4.07 (1.49)
Child-caregiver relations	0.89 (1.09)	2.65 (1.13)	3.79 (1.66)
Child's peer relations at center	1.85 (1.17)	3.50 (1.26)	5.32 (0.61)
Child's day at center	1.85 (1.85)	3.91 (1.88)	5.21 (1.13)
School preparation through center	0.74 (1.16)	2.74 (1.44)	4.04 (1.14)
Child's lunch/snack at center	1.56 (1.50)	3.47 (1.60)	4.79 (1.26)
Parental expectations of staff	0.63 (1.25)	1.77 (1.23)	3.86 (1.38)
Parent's friends	0.00 (0.00)	0.65 (1.25)	1.68 (1.59)
Parent's job/school	0.07 (0.39)	2.06 (1.15)	4.04 (1.73)
Family members	0.41 (0.80)	0.82 (0.83)	3.36 (1.66)
Parent's social life	0.00 (0.00)	0.85 (1.28)	2.32 (1.85)
Family Problems	0.07 (0.39)	1.62 (1.16)	2.71 (1.72)

* Maximum $\bar{X}$=6
** Standard deviation in parentheses
N=89

Table 4.8

Frequency of Caregiver Communication/Contact With Parents by Setting and Mode for Low-, Medium- and High-Frequency Caregivers*

Setting/Mode	Low	Medium	High
Talk with parents when they pick up/drop off their child	1.41 (2.41)**	5.35 (1.20)	5.82 (0.77)
Talk on telephone with parent	1.78 (1.83)	3.47 (1.81)	4.29 (1.65)
Talk with parent(s) at child's home	0.03 (0.19)	0.44 (0.82)	0.68 (1.28)
Conference with parent	0.30 (0.72)	1.12 (1.01)	2.00 (1.72)
Write note to parent	0.63 (1.18)	1.79 (1.82)	2.71 (1.84)

* Maximum $\overline{X}$=6

** Standard deviation in parentheses

N=89

Table 4.9

Mean and Standard Deviation Scores for Attitudinal Variables by Low-, Medium- and High-Frequency Caregivers

Attitudinal Variables	Low	Medium	High
Communication Satisfaction (I)	-.149 (.902)*	.133 (.843)	-.018 (.996)
Discuss Family Information (II)	-.328 (.810)	.314 (.884)	.278 (.787)
Discuss Childrearing Values (III)	-.319 (.921)	-.039 (.789)	.355 (.625)
Prefer One-Way Communication	1.896 (0.325)	1.853 (0.276)	1.729 (0.245)
Prefer Two-Way Communication	2.104 (0.325)	2.147 (0.276)	2.271 (0.245)

*Standard deviation in parentheses

Patterns of communication when examined by topic for this subgroup include a significant relationship between discussion of peer relations and child-caregiver relations ($p < .01$), parent's social life and parent's friends ($p < .001$) and parent's job/school and family members ($p < .01$). Discussion of family members also is related to discussion of family problems ($p < .01$).

Like low-frequency parent subgroup and the entire parent sample, the medium subgroup talks with caregivers most frequently when picking up/dropping off their child ($\bar{X}$=4.4). While higher than the low subgroup, there is not considerable use of parent-teacher ($\bar{X}$=1.9) or parent-director ($\bar{X}$=1.6) conferences. Communication frequencies by other settings and modes are reported in Table 4.3.

For a high percentage of the medium frequency parents, a center staff member is not the primary source of information about center activities. 31.2% gain information from their child, 18.2% from center bulletin boards, and 14.3% from the center newsletter. About one-third of this subgroup reported teachers (16.9%) and the center director (14.3%) as the primary information source, as noted in Table 4.4. A teacher is the staff member with whom 35.1% of the medium-frequency parents communicate most frequently. As shown in Table 4.5, for 31.2% of the medium subgroup the director is communicated with most frequently. A sizeable portion (26%) communicate with no one staff person consistently.

Several significant correlations between attitudinal factors suggest the medium parent subgroup perceives the day care center as a childrearing information resource ($\bar{X}$ factor score, .034) but the way in which information is to be exchanged within this context indicates there is not to be a reciprocal flow of information. Perceptions of the center as a childrearing information resource is related to the sharing of childrearing values ($p < .05$) and family information ($p < .01$), suggesting a broad base of information be exchanged between center and parents within the context of the center as a resource of information. However, there also is a significant relationship between preferred one-way communication and center as a childrearing resource ($p < .05$), indicating that perhaps universalistic information rather than particularistic or personalized data should be discussed.

The interpretation of the correlations discussed above is further supported by the mean scores on attitudinal factors. While higher than the low parent subgroup, the medium subgroup seems relatively satisfied with the current level of communication ($\bar{X}$ factor score, .088), does not strongly perceive the center as a childrearing information resource ($\bar{X}$ factor score, .034), and moderately believes there should be parent-caregiver discussion of childrearing values ($\bar{X}$ factor score, .036) and family information ($\bar{X}$ factor score, .001). A significant positive correlation between communication frequency and satisfaction ($p < .05$) indicates satisfaction with the current frequency level; there is no statistically significant correlation between communication diversity and satisfaction, however (see Table 4.6).

Caregivers. Medium frequency caregivers ($N=34$, $\bar{X}$ frequency scores between 2.170 and 3.742) do not differ significantly from low frequency caregivers in the rank-ordered sequence of topics discussed, but they do discuss some parent/family-related topics that low frequency caregivers never or infrequently discuss with parents. What the child's day is like at the center ($X=3.91$), peer relations ($\bar{X}=3.50$) and center lunch/snacks ($\bar{X}=3.47$) receive the most attention from medium frequency caregivers. Parent's job/school ($\bar{X}=3.06$) is discussed more than any other parent/family-related topic and, by comparison, is discussed considerably more by this subgroup than by low frequency caregivers who nearly never discuss job/school matters with parents. Parent's friends ($\bar{X}=0.65$) is the least discussed parent/family-related topic by the medium subgroup of caregivers. Table 4.7 reports topic frequency data for caregivers.

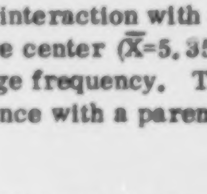
Correlations between topics suggest medium frequency caregiver patterns of communication with parents. Discussion of childrearing problems is significantly related to discussion of parent's job/school ($p < .001$) and approaches statistical significance at the .05 level in its relationship to discussion of family problems. Discussion of child's peer relations is negatively correlated with parental expectations of staff ($p < .05$).

Medium frequency caregivers engage in considerable interaction with parents when the parents pick up and drop off their child at the day care center ($\bar{X}=5.35$), and also talk with parents via telephone ($\bar{X}=3.47$) with above-average frequency. They almost never visit a child's home ($\bar{X}=0.44$), and rarely have a conference with a parent ($\bar{X}=1.12$) or write a note to a parent ($\bar{X}=1.79$) (see Table 4.8).

Medium frequency caregivers are satisfied with current level of parent-caregiver communication ($\bar{X}$ factor score, .132), and believe, but not strongly, parents should share family information with caregivers ($\bar{X}$ factor score, .031). The medium subgroup does not believe, however, that childrearing values should be shared to any great extent ($\bar{X}$ factor score, -.039); further, there is a strong negative correlation ($p < .01$) between communication satisfaction and the sharing childrearing values factor. One- and two-way communication mode preferences are negatively correlated ($p < .001$) (see Table 4.9).

High Communication Frequency

Parents. The high frequency parents ($N=75$, $\bar{X}$ frequency scores > 2.766) discuss what their child's day is like ($\bar{X}=4.97$), peer relations ($\bar{X}=4.05$) and child-caregiver relations ($\bar{X}=3.71$) with considerable frequency. Unlike the low and medium parent subgroups, the high frequency parents discuss their job/school ($\bar{X}=2.97$) with greater frequency than the child-related topics of school preparation ($\bar{X}=2.94$), expectations of the center ($\bar{X}=2.57$), and childrearing problems ($\bar{X}=2.52$). Family members ($\bar{X}=2.97$) are discussed with greater frequency than these latter two topics. Parent's friends are almost never discussed, and family problems ($\bar{X}=1.40$) and social life ($\bar{X}=1.23$) are discussed infrequently (see Table 4.2).



An examination of correlations between topics indicates there is substantial overlapping of and relationships between parent/family-and child-related topics. Discussion of childrearing problems is statistically related to discussion of peer relations, parent's job/school, and family members ($p < .01$). Significant relationships between topics within the child and family topic domains also suggest patterns of parent communication with caregivers. Within the child domain, discussion of parental expectations of the staff is related to school preparation and to peer relations ($p < .01$). School preparation is correlated with discussion of child-caregiver relations ($p < .05$). Within the parent/family topic domain there are a number of statistically significant relationships. Discussion of family problems is related to discussion of the parent's social life ($p < .001$), parent's job/school ($p < .001$), and parent's friends ($p < .01$). Discussion of parent's social life is significantly related to discussion of parent's job/school ($p < .01$) and parent's friends ($p < .001$).

High frequency parents, like other parents, have the most contact with caregivers when picking up and dropping off their child ($\bar{X}$=5.2). There is not extensive use of the telephone ($\bar{X}$=2.7), and equal contact/communication with caregivers through teacher conferences and observing the child at the center ($\bar{X}$=2.4 for both). (See Table 4.3.)

The parent's child is the primary information source for a large portion of this subgroup (35.4%); 21.5% indicated teachers and 16.9% reported the director was the main information source, as shown in Table 4.4. About one-third of the high frequency parents (32.3%) have the most frequent contact with the center director, and about one-fourth (24.6%) with a teacher. 29.6% communicate with no particular staff member consistently, as reported in Table 4.5.

Parents in the high frequency subgroup are satisfied with the current level of parent-caregiver communication ($\bar{X}$ factor score, .151). They perceive the center as a childrearing information resource ($\bar{X}$ factor score, .186), an attitude which is significant correlated with communication frequency and diversity ($p < .01$). Further, high frequency parents believe parents and caregivers should discuss childrearing values ($\bar{X}$ factors score, .259) and strongly believe family information should be shared ($\bar{X}$ factor score, .443). The "Discuss Family Information" attitude factor is significantly related to attitude factors measuring perception of the center as a childrearing information resource ($p < .001$) and beliefs about discussion of childrearing values with caregivers ($p < .05$). Also, there is a negative correlation between sharing family information and one-way communication ($p < .01$). High frequency parents prefer two-way communication modes ($\bar{X}$ factor score, 2.120), a preference which is significantly correlated with communication diversity ($p < .01$) and frequency ($p < .05$). (See Table 4.6.)

Caregivers. High frequency caregivers (N=28, $\bar{X}$ frequency scores > 3.742) discuss child's peer relations at the center ($\bar{X}$=5.32) more frequently than any other topic. Child's day at the center ($\bar{X}$=5.21), lunch/snack ($\bar{X}$=4.79), and childrearing problems ($\bar{X}$=4.07) also are discussed with considerable frequency. Parent's job/school ($\bar{X}$=4.04) is discussed more frequently than the child-related topics of parental expectations of the center ($\bar{X}$=3.80) and child-caregiver relations ($\bar{X}$=3.79). Parent's friends ($\bar{X}$=1.68) is discussed least frequently of all topics as shown in Table 4.7.

Like the high parent subgroup, relationships between topics discussed by the high frequency caregivers suggest some overlapping of parent/family- and child-related topics. Discussion of childrearing problems is significantly related to discussion of family members ($p < .05$); further, family problems is related statistically to discussion of child's peer relations ($p < .05$). There are a number of significant interrelationships within the child and parent/family topic domains. For example, discussion of family problems is significantly correlated with parent's social life ($p < .01$), job/school ($p < .05$), and family members ($p < .01$). Within the child topic domain, parental expectations of the staff is related to school preparation through center activities ($p < .01$), and child's peer relations is correlated with discussion of childrearing problems ($p < .01$).

High frequency caregivers talk with parents with extreme frequency ($\bar{X}$=5.82) when parents pick up/drop off their children at the center. They also talk with parents on the telephone with considerable frequency ($\bar{X}$=4.29), but almost never visit a child's home ($\bar{X}$=0.68). Other high frequency caregiver reports of communication/contact with parents are shown in Table 4.8.

High frequency caregivers are slightly dissatisfied with the current level of parent-caregiver communication ($\bar{X}$ factor score, -.018), although a positive correlation between communication satisfaction and communication frequency ($p < .01$) and not with diversity suggests perhaps the slight dissatisfaction is with the number or types of topics discussed with parents. High frequency caregivers believe parents and caregivers should discuss family information ($\bar{X}$ factor score, .278) and believe more strongly that childrearing values should be discussed ($\bar{X}$ factor score, .355). There is a preference for two-way communication ($\bar{X}$=2.271), and a negative correlation between preferred one- and two-way communication modes ($p < .01$). In addition, there is a negative relationship, approaching statistical significance at the .05 level, between sharing childrearing values and one-way communication. (See Table 4.9.)

Communication and Attitude Patterns

The foregoing discussion partitioned parents and caregivers into low, medium and high communication frequency subgroups for analysis of communication and attitudinal variables and interrelationships characteristic of subsamples varying in communication frequency. The discussion was part of an attempt to form a typology of parent-caregiver relationships. Specific subgroup characteristics are summarized in Chart 4.1.

This section contributes to the typology development by examining communication and attitudinal changes across the three subgroups for both samples. The aim is to discern patterns of communication and attitude relationships by investigating variations in communication diversity, setting, mode, channel and communicative attitudes in relation to changes in communication frequency.

Parents. The frequency of communication does not appear to alter the type of topics parents discuss most often with caregivers, but there is a relationship between frequency and the number of family-related topics discussed. Four child-related topics

Chart 4.1 A Typology of Parent-Caregiver Relationships

	Communication Variables / Subgroups	DIVERSITY (topics discussed)	COMPLEXITY (topic intercorrelations)	COMMUNICATION NETWORKS	COMMUNICATIVE ATTITUDES
PARENTS	LOW FREQUENCY (N=70, $\overline{X} < 1,580$)	Child-related core* most frequent; some family topics not discussed; others infrequently.	Limited relationships among topics within child and family domains.	Child and nonstaff sources are main channels; Few consistent relationships with staff.	Believe strongly childrearing values and family information should not be discussed; Do not see center as child-information resource; Not satisfied with current communication level.
	MEDIUM FREQUENCY (N=77, $\overline{X}$ between 1,580 and 2,766)	Child-related core* most frequent; family topics discussed infrequently.	Several relationships among topics within child and family domains.	Child and nonstaff sources are main channels; Majority have consistent staff relationship.	Mildly believe childrearing values and family information should be discussed; Do not see center as child-information resource; Slightly satisfied with current communication level.
	HIGH FREQUENCY (N=65, $\overline{X} < 2,766$)	Child-related core* most frequent; some family topics discussed frequently, others infrequently.	Considerable number of relationships between child and family domains.	Child and staff are main channels; Majority have consistent staff relationship.	Believe strongly family information should be discussed; Childrearing values should be discussed; Perceive center as information resource; Satisfied with current communication level.
CAREGIVERS	LOW FREQUENCY (N=27, $\overline{X} < 2,170$)	Child-related core* most frequent; almost no discussion of family topics	Limited relationships among topics within child and family domains.	N.A.	Believe strongly childrearing values and family information should not be discussed; Not satisfied with current communication level.
	MEDIUM FREQUENCY (N=34, $\overline{X}$ between 2,170 and 3,472)	Child-related core* most frequent; family topics discussed infrequently.	Some relationships between child and family topics.	N.A.	Believe strongly family information should be discussed; Mildly disagree childrearing values should be discussed; Satisfied with current communication level.
	HIGH FREQUENCY (N=28, $\overline{X} < 3,472$)	Child-related core* most frequent; some family topics discussed frequently, others infrequently.	Considerable number of relationships between child and family domains.	N.A.	Believe strongly childrearing values should be discussed; Believe family information should be discussed; Slightly dissatisfied with communication level

*Topics in the child-related core include child's peer relations at the center, child-caregiver relations, lunch/snack, child's day at center.

are discussed most frequently by each of the three parent subgroups. The topics are: child's day at the center, child's peer relations at the center, child-caregiver relations and lunch/snack at the center. It seems that no matter how frequently parents communicate with caregivers, they are consistent in discussing these child topics more often than other topics.

Communication frequency and the number of family-related topics discussed approach a positive linear relationship as shown in Figure 4.1. As communication frequency increases, the number of parent/family-related topics discussed increases. There are several parent/family topics low-frequency parents never discuss; these topics are almost never discussed by the medium subgroup and receive infrequent discussion from the high frequency subgroup. Several parent/family-related topics (parent's job/school and family members) reach a frequency level in the high subgroup that places them above the frequency level of several child-related topics. When ordered by descending frequency of discussion, the seven child-related topics precede the five parent/family-related topics in the medium subgroup.

Parent discussions with caregivers also become more complex as frequency increases. The number of significant relationships between topics within the two topic domains increases with communication frequency. Moreover, the number of significantly related topics between the two domains increases as frequency increases, indicating that separations between child and parent/family information decline with increased communication frequency.

These topic patterns suggest that the core content of communication, clearly child-related, remains the same despite increases in communication frequency, but that as the frequency of parent-caregiver communication increases, the content boundaries broaden to encompass parent/family-related information. Further, as frequency increases, child- and parent/family-related topics become increasingly interrelated. The degree to which child and parent/family topics are discussed in relation to one another corresponds to the frequency of parent-caregiver communication; the number of significant relationships between child and parent/family topics increases as communication frequency increases.

Communication frequency is related to variations in the consistency of parent contact with a particular caregiver. As frequency increases, parent contact with the day care center staff becomes increasingly focused on one specific caregiver. Conversely, as frequency decreases parent contact with caregivers becomes more diffuse. Thus, as communication frequency increases so does the likelihood of a parent forming and sustaining a stable relationship with one caregiver; the probability of established parent-caregiver dyads increases with increased communication frequency.

However, there are limits to the relationship between communication frequency and established parent-caregiver dyads. The relationship is not sufficiently strong to suggest that an increase in frequency necessarily corresponds to the development of an established parent-caregiver dyad. As shown in Table 4.5, there is a marked increase in established parent-caregiver dyads when comparing low and medium subgroups. However, there is a slight decrease in established parent-caregiver dyads when comparing medium and high subgroups. This suggests that increases in the formation of established dyads cease at a given frequency level and then actually decrease as frequency increases, indicating curvilinear-like relationship between communication frequency and established parent-caregiver dyads.

It is noteworthy the number of caregivers involved in established parent-caregiver dyads increases with increases in parent communication frequency. As shown in Table 4.5, there are considerably more aides serving as the parent's key staff contact in the high subgroup than in the other two subgroups. Note that teachers decrease their involvement in established parent-caregiver dyads in the high frequency subgroup when compared with the other two subgroups.

The data indicate a relationship between communication frequency and parent's primary source of information about the center. Not unexpectedly, as frequency increases so does the role of center staff members in serving as primary information sources. Also, as frequency increases the use of non-staff information sources (i.e. bulletin boards, newsletter) decreases. Despite the increase in staff members and decrease in non-staff sources in providing center information, the parent's child as the primary information source is not related in a linear fashion to communication frequency increases. Use of the parent's child as the primary information source is considerable with low frequency parents (41.4%), decreases with medium-frequency parents (31.2%), but then increases slightly with high-frequency parents (35.4%), as shown in Table 4.4.

For parents the setting and mode of parent-caregiver communication does not appear to be related to communication frequency. As reported in Table 4.3, there are no significant variations -- except for proportionate frequency increases -- in the use of different communication settings and modes across the three frequency subgroups. Parent interaction with caregivers when picking up/dropping off their child at the center is the most frequent communication setting for all three subgroups.

In general, communicative attitudes become more positive as communication frequency increases. Perceptions of the day care center as a childrearing information resource (Figure 4.2), communication satisfaction (Figure 4.3), attitudes toward discussing childrearing values (Figure 4.4), and attitudes toward discussing family information (Figure 4.5) become more positive as frequency increases. One-way communication preferences decrease, and two-way communication preferences increase when communication increases (Figure 4.6).

Caregivers. The relationship between communication frequency and diversity for caregivers is similar to the patterns found for parents (see Figure 4.7). Three child-related topics (peer relations, child's day at the center and lunch/snack)are discussed more often than other topics regardless of variations in communication frequency. Like parents, the number of parent/family-related topics discussed increases with communication frequency. The low-frequency caregivers never discuss several parent/family-related topics but these topics are discussed by the high-frequency caregivers, as shown in Table 4.7. With only one exception, caregivers discuss all seven child-related topics more frequently than family-related topics despite communication frequency variations.

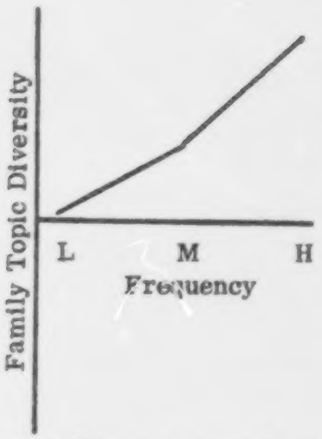


Fig. 4.1 Parent Communication Frequency X Family Topic Diversity

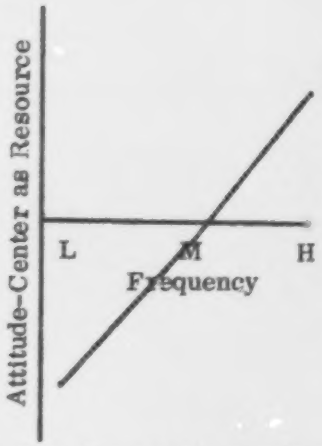


Fig. 4.2 Parent Communication Frequency X Perceptions of Center as Childrearing Information Resource

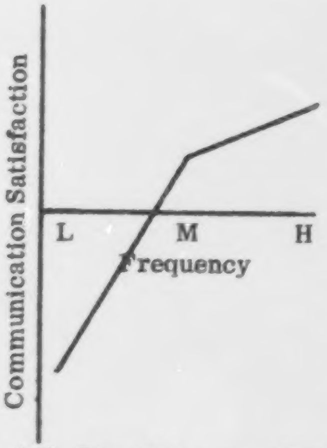


Fig. 4.3 Parent Communication Frequency X Communication Satisfaction

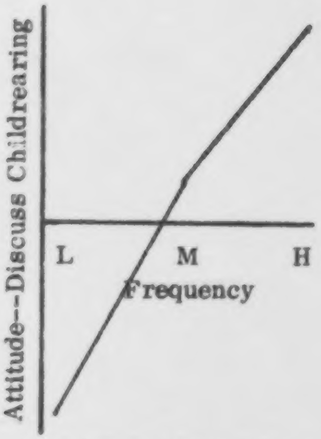


Fig. 4.4 Parent Communication Frequency X Attitude toward Discussing Childrearing Values

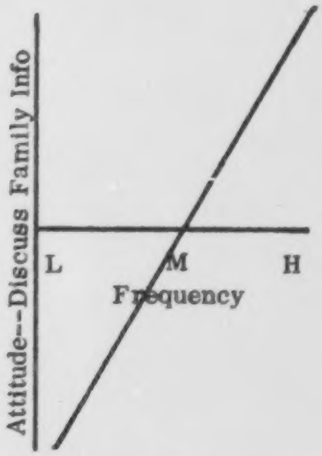


Fig. 4.5 Parent Communication Frequency X Attitude toward Discussing Family Information

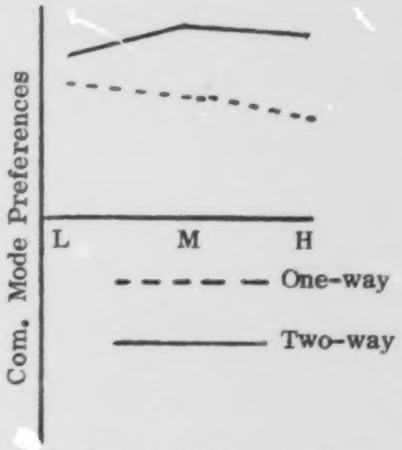


Fig. 4.6 Parent Communication Frequency X Communication Mode Preferences

Also like the parent data, the complexity of caregiver communication with parents increases with communication frequency. Significant relationships within and between the two topic domains suggest that interrelationships of child and family topics increase as communication frequency increases.

Therefore, similar to the parent communication topic and frequency patterns, the child-related core content of parent-caregiver communication remains the same as frequency fluctuates, but the content boundaries alter to include family-related information as frequency increases. In addition, caregiver interaction with parents becomes more complex in terms of topic interrelationships as frequency increases.

There is no significant variation in communication setting and mode as caregiver communication frequency changes. As shown in Table 4.8, interaction with parents when they pick up/drop off their child is the most frequent setting of communication for each of the three subgroups. Note, however, that for this setting the differences between the low and medium subgroups are more significant than between the medium and high subgroups. Perhaps this is due to the composition of the three subgroups. It will be recalled (Table 3.3) that the low subgroup is comprised largely of aides, while the medium and high subgroups consist of teachers and directors. The suggestion here is that because teachers and directors carry out much of the communication with parents, the difference between the medium and high subgroups is not major due to their respective compositions.

The relationship between caregiver communicative attitudes and communication frequency does not correspond to the parent patterns discussed earlier. Communication satisfaction increases in a positive direction but then becomes negative while frequency increases (Figure 4.8). As shown in Table 4.9, the high frequency subgroup is slightly dissatisfied with the current level of parent-caregiver communication while the medium subgroup is satisfied. Attitudes toward discussing family information with parents become increasingly positive as frequency increases (Figure 4.9). Also, attitudes toward discussing childrearing values increase in a positive direction as frequency increases (Figure 4.10) but not as dramatically as attitudes toward discussing family information. Like parents, caregivers increase in their preference for two-way communication, and decrease in one-way communication preferences as communication increases (Figure 4.11).

Communication Variation between Centers

Variations in parent and caregiver communication frequency between centers led to the partitioning of centers into low, medium and high frequency categories. Details of this statistical process and subsequent analyses are discussed below. The bulk of the discussion is comparative, examining differences between centers rather than specific characteristics of each of the three center categories. Organizational attributes of centers in the three categories are treated in Chapter V.

Center classification procedures. The 12 research centers were blocked into three homogeneous subsets, based on variation in parent communication frequency, by a one-way analysis of variance with an a posteriori contrast test. The one-way ANOVA found significant differences in parent frequency between the 12 centers ($p < .001$).

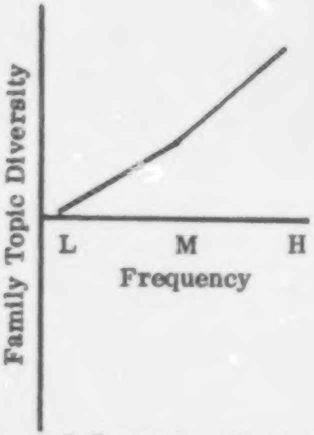


Fig. 4.7 Caregiver Communication Frequency X Family Topic Diversity

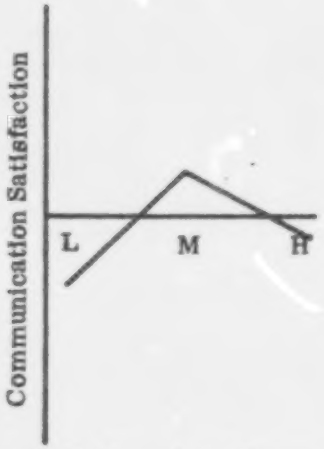


Fig. 4.8 Caregiver Communication Frequency X Communication Satisfaction

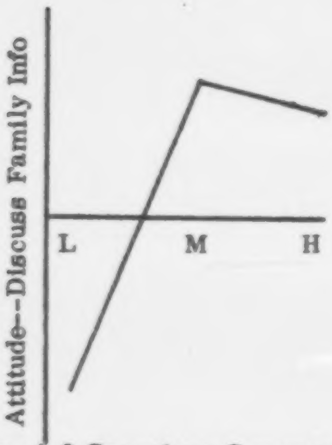


Fig. 4.9 Caregiver Communication Frequency X Attitude toward Discussing Family Information

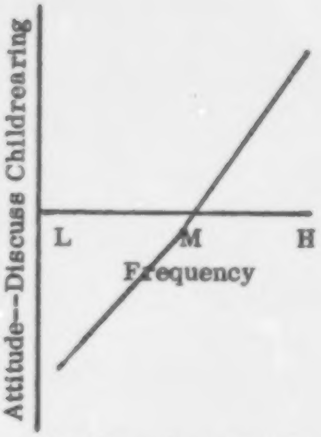


Fig. 4.10 Caregiver Communication Frequency X Attitude toward Discussing Childrearing Values

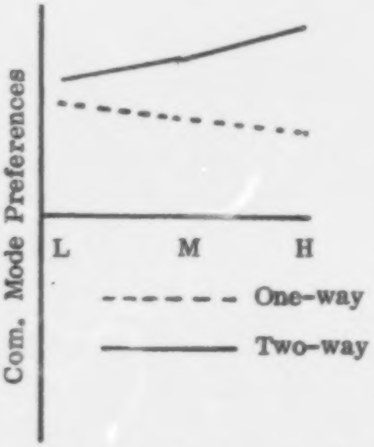


Fig. 4.11 Caregiver Communication Frequency X Communication Mode Preferences

Duncan's multiple range test ($p < .05$) yielded three homogeneous subsets of centers. The three subsets were labeled low, medium and high communication frequency. Statistically significant differences were found for contrasts of subsets low and high ($p < .001$), low and medium ($p < .001$), and medium and high ($p < .05$). The low frequency subset includes four centers (parent N=78), the medium subset has three centers (parent N=61), and the high has five centers (parent N=73).

Two of the five high frequency centers were significantly higher than their counterparts in the high subset, and form a two-center subset statistically different from other subsets. However, the relatively small number of cases in these two centers (combined N=27) does not warrant the creation of a fourth subset. The extremely high frequency of communication in these two centers is important to note since their organizational characteristics are discussed in the next chapter.

The strong correlation between communication frequency and diversity again was emphasized when homogeneous subsets of centers were created, with the prooedure outlined above, using parent diversity as the dependent variable (instead of parent frequency, which was used in the analysis discussed above). The same centers represented in the respective low, medium and high center frequency subsets were found in the corresponding diversity subsets, which were statistically different from one another according to an a posteriori contrast test.

Attempts to partition the centers into low, medium and high homogeneous subsets based on caregiver frequency and diversity scores were unsuccessful. There was not sufficient variation in caregiver communication between centers to block centers into statistically different categories. While a one-way ANOVA found significant differences in caregiver communication ($p < .001$) and diversity ($p < .01$) between centers, the Duncan multiple range test did not enable a partitioning of the centers into statistically different subsets. This situation is consistent with the previously-discussed finding that caregiver communication frequency and diversity scores are higher than parent scores, a difference interpreted as due to uneven caregiver-parent ratios (see Chapter III).

Attitudinal differences. A series of one-way ANOVAs found the three center subsets to be statistically different in parent communicative attitudes. Differences between caregivers in these subsets were found for only one communicative attitude factor.

The three subsets were different in parent satisfaction with the current level of parent-caregiver communication ($p < .001$), and parent attitude toward discussion of family information ($p < .001$). A trend toward subset differences in parent attitude toward discussion of childrearing values was found ($p < .10$), with a statistically significant difference between low and high subsets ($p < .05$) on this attitude factor. The three subsets do not differ statistically in parent communication mode preferences, and in parent perceptions of the center as a childrearing information resource.

Caregivers in the three center subsets were statistically different in their satisfaction with the current level of parent-caregiver communication ($p < .05$) but not on the other two attitude factors for caregivers. With respect to communicative behavior, caregivers in the low and medium frequency subsets were different in communication diversity ($p < .05$), but a contrast of medium and high subsets did not show a statistically significant difference.

In general, the communicative attitude and behavior relationships found for the parent subgroups exist for the three center subsets. That is, parents in high communication centers have more positive communicative attitudes than parents in centers with low communication frequency. Further, an examination of topics discussed by parents and caregivers in the three center subsets shows a pattern of communicative behavior similar to that of the parent subgroups discussed earlier in this chapter. In the three center subsets, child-related topics are discussed more frequently than parent/family-related topics. Parent/family-related topics are discussed seldom if at all in the low center subset, and increase in frequency in the medium and high center subsets.

Chapter V

CORRELATES OF PARENT-CAREGIVER COMMUNICATION

An aim of this research was to identify variables that appear to have a significant influence on the relationship between parents and caregivers. There has been little empirical investigation of the correlates or determinants of parent-caregiver interaction, and this research sought to identify variables for further intensive study. This chapter discusses the study's investigation of the relation of a number of predictor variables to parent-caregiver communication. Both communication frequency and diversity were analyzed separately, despite the high correlation found between these two components of communicative behavior (see Chapter III).

Consonant with the exploratory nature of this study, 18 predictor variables were selected for examination based on a review of pertinent research and descriptive day care literature. These variables are discussed in Chapter II (pp. 11-13) and summarized in Table 2.1 (p. 14). It is important to emphasize that the aim here was to identify relevant variables that deserve attention in subsequent research; causal relationships were not under examination.

For review purposes, the predictor variables are as follows. Organizational: sponsorship (proprietary, nonproprietary); and informal friendship networks among parents using the same child care center, or parents and caregivers from the same center. Staff: years of formal education; age of caregiver; special training; years of formal experience with young children; years since completion of formal education; caregiver role function; caregiver role concept; and communicative attitudes. Parent: socioeconomic status; length of association with day care center; previous use of day care; geographical distance of center from home/work; family composition; number of visits to centers prior to center selection; perceived influence of center on child; and communicative attitudes.

Methods and Hypotheses

The methods for measuring most of the predictor variables are discussed elsewhere in this report. The communicative attitudes instrument is presented briefly in Chapter II (pp. 15-16) and details of its factor-analytic development are reported in Appendix A. Also, the attitudinal data yielded by this instrument are discussed in Chapters III and IV. Frequency data for all but two of the other variables are reported in Chapter II (pp. 17-25). Methods for measuring caregiver role concept and parent's perceived influence of the day care center on the child are discussed below.

The way in which caregivers defined their role within the center was measured by focusing on what the caregiver was trying to accomplish in his/her daily relations with children. Role concept categories developed in previous research by Prescott (1964, 1965) and Prescott and Jones (1967) were adapted. Caregivers were asked "What do you hope that the children will get out of their experiences here?" and responses were coded according to the following five-category system (from Prescott & Jones, 1967). Child-centered responses emphasized the child himself, communicating a concern for his growth and development of initiative and confidence. Semi-child-centered responses emphasized the child's emotional security, and self-acceptance with concern for the child's own feelings (i.e. security, happiness). Custodial responses emphasized a concern for keeping the child safe and healthy, mostly with an emphasis on the physical dimensions of the child care environment. Semi-adult-centered stressed academic content or manners, with the child's happiness mentioned, or social adjustment without reference to the child's happiness. Adult-centered responses emphasized learning content without reference to children themselves (conforming behavior, academic content, appropriate manners).

Parents' perceptions of the influence of the day care center on their child were measured by asking parents to rank order seven possible influences on child's behavior and development according to the amount of influence the respondent believed each of the variables had in relation to the others. The day care center was one of the variables. The other six included: television, parent(s), relative (not siblings), playmates, siblings, and adult neighbors/friends of parent(s).

In terms of frequency data relative to the perceived day care influence question, only 6.1% of the entire parent sample ranked the day care center as having the most amount of influence on their child in relation to the other six possible influences. Most parents ranked themselves as having the most influence on their child (73.6%). 16.5% of the sample ranked the center as the second most influence, 25.9% as the third influence, and 27.8% as the fourth influence. Only 2.4% indicated that all other possible and presented variables had more influence on their child than the center.

Hypotheses about the directional influence of the predictor variables were based largely on findings of previous research. The reader is referred to Chapter II (pp. 11-13) for a brief review of these findings since they lend some support to the hypotheses discussed below.

With respect to the organizational variables, it was expected that there would be a significantly higher frequency of parent-caregiver communication in nonproprietary centers than in proprietary centers. It also was anticipated that centers characterized by friendship networks among parents and caregivers would be higher in parent-caregiver communication than centers without such networks.

With the staff variables, it was hypothesized that years of formal education, age, special training, years of formal experience in working with young children, and years since completion of formal education would be inversely correlated with the frequency and diversity of parent-caregiver communication. The contention here was that increased professionalism and years of experience are an impediment to interaction with clientele. It also was hypothesized that the caregiver role status would be positively correlated with frequency of communication with parents, but would not be as strongly correlated with diversity of communication with parents. Further, it was expected that child-oriented caregivers would engage in more frequent communication with parents than adult- or custodial-oriented caregivers.

With the parent variables, it was expected that recent association with the day care center, no previous use of center care, and close proximity to the center from work-place or home would be positively correlated with communication frequency and diversity. It was hypothesized that, given the external demands on single-parent families, parents representing two-parent households would communicate with caregivers more frequently than single parents. Further, it was hypothesized that socioeconomic status would be positively correlated with both communication frequency and diversity. In addition, it was expected that parents who visited more than one other day care center prior to selection of the present center, and/or perceived the center to have a significant influence on their child (first or second rank order) would communicate with staff more frequently than parents without these characteristics.

All of the communicative attitude factors dealing with beliefs about content domains appropriate to parent-caregiver discussion were expected to be positively correlated with communication frequency and diversity for both samples.

Mode of Analysis

Data analyses were carried out in two ways. First, the communication frequency and diversity of parents and caregivers were treated as the dependent or criterion variables, using correlation and stepwise multiple regression analysis. Second, the center was treated as the dependent variable, using parent communication frequency to partition centers into statistically different categories labeled low, medium and high frequency centers. Only organization variables were examined in this latter analysis. The variable of friendship networks, classified as an organizational variable, is considered in both analyses.

Simple correlations among all predictor and criterion variables for caregivers and parents are shown in tables 5.1 and 5.4 respectively. Regression analyses are reported in tables 5.2 and 5.3 for caregivers, and tables 5.5 and 5.6 for parents.

For the regression procedures, the minimal acceptable F-level was set initially at .01 in view of the exploratory nature of this research. With this level, all predictor variables entered the regression equations. However, many of the later-entering variables had low beta weights and contributed less than one percent to the regression equation. These variables were excluded in subsequent regression analyses, and only those variables contributing at least one percent to the regression equation are represented in the tables in this chapter.

Predictors of Caregiver Communicative Behavior

Correlations between criterion and predictor variables for the caregiver sample indicate that both communication frequency and diversity are most strongly correlated with caregiver role function, role concept, years of formal education, and friendship relationships with parents, although the correlation between friendship networks and communication diversity is moderate ($r=.25$). Caregiver age and years of formal

Table 5.1

Correlation Matrix Among All Caregiver Predictor and Criterion Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Communication Frequency												
2. Communication Diversity	.91											
3. Age	-.14	-.18										
4. Years of Formal Education	.36	.36	.08									
5. Years of Formal Experience with Young Children	.09	.06	.50	.33								
6. Years Since Completion of Formal Education	-.21	-.27	.72	-.03	.37							
7. Number of Parents Considered Friends	.32	.25	.12	.17	.12	.15						
8. Special Training	.26	.21	.04	.29	.33	.02	.10					
9. Role Function (i.e. Director, Teacher)	.53	.50	.12	.70	.41	-.03	.16	.34				
10. Role Concept	.38	.44	.04	.22	.30	.10	.11	.19	.37			
11. Com'tive Attitude: Discuss Family Information	.26	.19	.07	.10	.13	-.01	.17	.17	.05	.16		
12. Com'tive Attitude: Discuss Childrearing	.26	.29	.08	.36	.24	.00	.05	.07	.31	.25	.31	

Table 5.2

Multiple Regression Analysis of Variables Predictive of Caregiver Communication Frequency

Independent Variables	Caregiver Communication Frequency	
	Beta Weight	Contribution to R^2
Center Role Function	.442	.28
Number of Parents Considered Friends	.246	.06
Years Since Completion of Formal Education	-.212	.06
Role Concept	.232	.05
Discuss Family Information (attitude)	.167	.02
Years of Experience in Formal Work with Young Children	-.127	.01
R^2		.48

Table 5.3

Multiple Regression Analysis of Variables Predictive of Caregiver Communication Diversity

Independent Variables	Caregiver Communication Diversity	
	Beta Weight	Contribution to R^2
Center Role Function	.363	.25
Role Concept	.324	.07
Years Since Completion of Formal Education	-.281	.08
Number of Parents Considered Friends	.208	.04
Years of Experience in Formal Work with Young Children	-.133	.01
Discuss Childrearing Values (attitude)	.116	.01
R^2		.48

experience in working with young children are not significantly correlated with frequency and diversity.

Most of the caregiver correlations are in the expected direction. One major exception is that years of formal education is positively correlated with communication frequency and diversity, rather than negatively correlated as expected. Correlations among the predictor variables for caregivers show a not unusual relationship among age, years of experience and years since completion of degree, as well as among age, years of education and role function. A significant correlation exists between role concept and role function (r=.37), suggesting that child-oriented role conceptions correspond to higher work role status within the center. The communicative attitude that parents and caregivers should discuss childrearing values is positively correlated with years of formal education and role function.

The caregiver regression analysis yielded relatively strong prediction equations. Variables with statistically significant beta values and contributing one percent or more to the prediction equation are reported in Table 5.2 for communication frequency and in Table 5.3 for communication diversity. The equations each account for about 48% of the variance. (The regression equations including all predictor variables each accounted for about 49% of the variance.)

Caregiver communication frequency is positively related to center role function (B=.44), friendship relationships with parents (B=.24), a child-centered role concept (B=.23), and the attitude that childrearing values should be discussed with parents (B=.17). Communication frequency is negatively related to years of formal experience in working with young children (B=-.13) and years since completion of formal education (B=-.21).

Most of these variables also are predictive of caregiver communication diversity. Positively related to diversity are center role function (B=.36), role concept (B=.32), number of parents considered friends (B=.21), and the communicative attitude that childrearing values should be discussed (B=.12). Communication diversity is negatively related to years since completion of formal education (B=-.23) and years of experience in formal work with young children (B=-.13). Note that there is a switch in the communicative attitude factors when comparing frequency and diversity equations; the attitude that family information should be discussed is predictive of frequency while the attitude that childrearing values should be discussed is predictive of diversity. Center role function entered first in both equations.

It is noteworthy that caregiver age, years of formal education, and amount of special training were not statistically significant predictors of caregiver communication frequency or diversity, even though years of formal education is positively correlated with both of these communicative behavior dimensions (r=.36).

Predictors of Parent Communicative Behavior

As shown in Table 5.4, the correlations between communicative behaviors and the parent criterion variables are not strong. There is no significant correlation between most of the predictor variables and communication frequency and diversity. Communicative behavior is moderately correlated with parents' friendship relationships with other parents, and more strongly correlated with the communicative attitude that parents and caregivers should discuss family information and childrearing values.

A noteworthy correlation among predictor variables is that socioeconomic status is positively correlated with close proximity between center and work-place, and with two-parent families (family composition). In addition, there is a moderate positive correlation between two-parent families and the number of centers visited prior to selection of the present center, which lends support to the notion that the demands on single parents limit availability and time relative to day care (and perhaps other) matters.

As expected, the parent regression analysis revealed more about what variables are not related to communicative behavior than what is predictive of communication. For communication frequency and diversity, prediction equations including all parent variables accounted for only about 27% and 28% of the variance respectively. However, only four variables -- but not the same four -- had statistically significant beta values and contributed one percent or more to the two prediction equations. These variables are represented in tables 5.5 and 5.6.

Parent communication frequency is positively related to the attitude that parents and caregivers should discuss family information (B=.41), use of the center for six months or less (B=.17), active participation in an informal social network of parents using the same center (B=.16), and representing a two-parent household (B=.10).

Not all of these variables were found to be predictive of communication diversity, however. Like communication frequency, parent diversity is related to the attitude that parents and caregivers should discuss family information (B=.32) and use of the center for six months or less (B=.26). Unlike frequency, communication diversity also is predicted by the attitude that childrearing values should be discussed with caregivers (B=.17) and increases in socioeconomic status (B=.11).

While socioeconomic status contributes only one percent to the communication diversity regression equation, it is noteworthy that SES is a predictor of communication diversity but not of communication frequency. In fact, SES was among the last variables to enter the initial frequency regression equation.

It is important to emphasize these variables do not comprise strong prediction equations. The equations each account for roughly 24% of the variance for frequency and diversity, and the beta values of some of the variables are low.

Table 5.4

Correlation Matrix Among All Parent Predictor and Criterion Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10	11.	12.	13.
1. Communication Frequency													
2. Communication Diversity	.92												
3. Socioeconomic Status	.16	.18											
4. Length of Association with Day Care Center	.15	.21	.05										
5. Previous Use of Day Care	-.06	-.11	-.01	.13									
6. Geographical Distance/ Center to Home	-.06	-.05	.06	.02	.03								
7. Geographical Distance/ Center to Work-Place	.11	.11	.31	.11	.03	.04							
8. Family Composition	.13	.14	.32	.06	.01	-.07	.09						
9. Number of Centers Visited Prior to Selection	.07	.08	.22	.17	-.05	-.04	.07	.20					
10. Perceived Influence of Center on Child	.07	.06	.15	.00	.01	-.07	.06	-.02	.05				
11. Com'tive Attitude: Discuss Childrearing Values	.24	.30	.15	.01	-.12	-.01	.01	.10	.14	.05			
12. Com'tive Attitude: Discuss Family Information	.39	.35	.10	.16	.08	.01	.01	.01	-.07	.01	.30		
13. Friendship Relationship with Other Day Care Parents	.24	.20	.16	.19	.04	.01	.08	.07	.17	.08	.14	.08	

Table 5.5

Multiple Regression Analysis of Variables Predictive of Parent Communication Frequency

Independent Variables	Parent Communication Frequency	
	Beta Weight	Contribution to R^2
Discuss Family Information (attitude)	.407	.15
Length of Association with Day Care Center	.175	.04
Member of Informal Social Network of Parents	.169	.03
Family Composition	.108	.01
R^2		.24

Table 5.6

Multiple Regression Analysis of Variables Predictive of Parent Communication Diversity

Independent Variables	Parent Communication Diversity	
	Beta Weight	Contribution to R^2
Discuss Family information (attitude)	.323	.12
Length of Association with Day Care Center	.261	.08
Discuss Childrearing Values (attitude)	.178	.03
Socioeconomic Status	.109	.01
R^2		.24

Perhaps of greater importance is the list of variables that were not significantly related to parent communication frequency and diversity. This includes the geographical distance of the center from the parent's home and place of work/school, previous day care experience, the number of centers visited prior to selection of the present center, and parent's perceived influence of the day care center on their child.

In comparing parent and caregiver regression equations, it is interesting to note that for parents the attitude that family information should be discussed is a strong predictor of communication frequency and diversity, while it is a moderate predictor of caregiver communication frequency only.

A key methodological question raised by the findings of the parent regression analysis is whether the attitude that family information should be discussed is a biased predictor variable given the nature of the communicative behavior instrument. The 12-item ordinal scale which was used to measure communication frequency and diversity includes five family-related items and, as discussed in Chapter III, when the volume of communication increases so does the number of family items discussed. To be classified as a high communication parent, it is likely, but not necessary, that a number of family-related topics are discussed. Because of the consistency between the actual discussion of family topics and the attitude that family information should be discussed, it is possible that the family information attitude factor is a strong predictor of communicative behavior because the measurement of communicative behavior entails family items. To determine whether this possibility existed, a regression analysis was conducted in which the dependent variable excluded family items in the communicative behavior measure. Utilizing the seven child-related items as the dependent variable, the "discuss family information" attitude factor entered first in the regression equations for both communication frequency and diversity, accounting for about ten percent of the variance in each equation. (This attitude factor also was first to enter the equation when the seven family items were used exclusively as the dependent variable.) This suggests, then, that the possible methodological bias noted above does not exist to a significant extent in the parent regression equations.

Organizational Variables

In the second set of analyses where the center was treated as a dependent variable, the 12 research centers were blocked into three homogeneous subsets, based on variation in parent communication frequency, by a one-way analysis of variance with an a posteriori contrast test. Duncan's multiple range test found the three subsets to be significantly different at the .05 level. The low frequency subset includes four centers (parent N=78), the medium subset has three centers (parent N=61) and the high has five centers (parent N=73), two of which are significantly higher in frequency than their subset counterparts. (See also Chapter IV, pp. 69-72.)

The data suggest a relationship between the communication frequency of a center and friendship relationships between parents and caregivers. As reported earlier in this paper, two of the 12 research centers had more than one-half of their staff members considering some parents to be their friends. These two centers are the two extremely high frequency centers. The relationship is consistent with the finding, reported above, that caregiver friendship relationships with parents is predictive of caregiver communication frequency and diversity. These centers also are characterized by informal social networks of parents. However, two additional centers with informal parent networks are not high in communication frequency; one is in the medium subset and the other in the low category.

The data do not suggest a relationship between center sponsorship and communication frequency. Centers within the high, medium and low subsets discussed above represent varying sponsorship types. Further, a one-way analysis of variance which partitioned the 12 centers by sponsorship type found no significant differences between proprietary and nonproprietary centers when examining communicative behavior and attitude variables. This finding is inconsistent with our original expectation.

Chapter VI

CONGRUENCE OF PARENT AND CAREGIVER CHILDREARING BELIEFS

This chapter discusses data analyses stemming from a series of questions dealing with the congruency of parent and caregiver childrearing beliefs. The primary research aim was to determine the degree to which parents and caregivers are congruent in their childrearing beliefs and behavior preferences. A number of secondary research areas were pursued within this general childrearing attitudes framework largely due to an interest in the situational contexts of adult-child interaction and adult childrearing beliefs.

A serious problem with much parent-child interaction and parental childrearing attitudes research is that little attention is given to situational variables, reflecting a tendency to assume that parents (or children) possess general traits such as acceptance or aggressiveness. It may be that a parent's behavior and preferences for behavior vary as a function of situational differences (i.e. other relatives present, physical setting, number of warnings given to child), yet many interview schedules subjectively "average" these situational factors without fully acknowledging their potentially significant influence (Martin, 1975). Gerwitz (1969) has referred to measures which ignore situational influences as "one-sided summary variables" since they focus on one side of what seems to be a two-way process.

An interest in the influence of situational differences guided the research methodology and data analyses of this study's examination of childrearing beliefs. Two situational influences were varied: the setting (home or day care center) and the type of behavior or problem the child exhibits. Details of this situation-specific approach are outlined in the discussion of the interview schedule below.

It is important to stress that this study's aim was to investigate in an exploratory manner only one of many facets of the day care--family congruence issue. An in-depth examination of home-center discontinuities was not within the scope or the purpose of this study. Several possible limitations of studying adult childrearing beliefs as an index of the consistency between home and day care center should be noted briefly. Whether parents and caregivers actually interact with their child in the ways they prefer, or at least in the ways they specify within the interview setting, is one question. Another question is whether adult childrearing belief systems represent a major possible discontinuity between home and center for day care children.

Methodology

Childrearing beliefs and behavior preferences were measured by adapted use of an interview schedule developed by Sigel, Johnson, McGillicuddy-DeLisi and Epstein (1976).

The schedule developed for this research consists of 16 critical incident situations with an adult and hypothetical four-year-old child. Eight situations involve a parent and child in a home setting, and eight revolve around a caregiver and child in a day care center setting. Within each of these two categories four situations are potential teaching situations where the child does not understand a concept or how an object functions; the other four situations reflect child management or prosocial behavior problems. The eight home and eight center situations parallel each other by the nature of the specific problem presented; the only major difference between parallel situations is the setting. In some situations peers are involved, but never siblings or other adults. Chart 6.1 outlines the composition of the interview schedule.

In each situation the child's behavior invites adult influence, although the interview schedule recognizes the "no behavior" possibility. For each situation there is a series of response options that represent different influence technique categories based on the work of Sigel (1960) and Hoffman (1960). For each situation the respondent was asked, "How would you prefer to have the parent (or teacher) in this situation handle the child?", using the presented response options for answers. An open-ended response option also was used (and subsequently coded according to the system discussed below).

For child management situations, the major influence technique categories include power assertion, qualified power assertion, persuasion, suggestion and avoidance. A power assertive technique is where no choice regarding compliance is contained in the message and where arbitrariness and pressure to comply is maximum. The influence could be verbal or nonverbal. A qualified power assertive technique also is characterized by a no-choice arbitrariness but the parent justifies or explains the demand. Persuasion techniques give the child the choice of complying, and provide information regarding the implications of the behavior in question. While there is a reduction in arbitrariness and pressure with this technique, there still is an appeal to some aspect of the child's interests (i.e. conscience, self-interest) and an attempt to persuade the child toward a desired behavior. Suggestions are techniques that indicate the direction for a child's behavior, but with practically no pressure to comply and no arbitrariness. Avoidance techniques redirect the child's interests to another object or issue and avoid or ignore the problem at hand. (See Sigel, 1960 for a discussion of these categories.) Parallel teaching technique categories are: didactic (where the child is simply told to do something), qualified didactic (where the request is accompanied by an explanation or demonstration), socratic (where the child is encouraged to discover solutions by himself) and avoidance.

The 16 hypothetical situations and their coded response options may be found in Appendix B. The interview schedule was carefully pre-tested using both an open-ended format and then provided-response options to determine reliability. In the final interview schedule response options representing several sub-categories of the main influence types were included, mostly to examine differences in verbal-nonverbal preferences. These differences were not significant, however, and the sub-category response options were collapsed into the appropriate major category for the analyses discussed herein.

Child Problem Factor	Setting Factor	
	Center (caregiver/child)	Home (parent/child)
Teaching situations:		
Materials	x	x
Representation	x	x
Concept	x	x
Preparation	x	x
Management situations:		
Prosocial behavior	x	x
Dependency	x	x
Impulse control	x	x
Independency	x	x

Chart 6.1 Overview of Childrearing Belief Interview Schedule

The same interview schedule was administered to parent and caregiver samples, enabling cross-comparisons by situation type and sample.

Overview of Data Analyses

Data analyses were carried out to explore questions in essentially four areas. First, variability across the eight child problem situations was examined for both samples. The key question here was whether respondents were consistent in their childrearing behavior preferences when the nature of the child's problem varied. Second, the consistency of respondents was investigated across home and center situations. The concern in this analysis was with the degree to which respondent preferences varied according to setting differences (home or center) when the nature of the child problem was held constant. Third, the childrearing belief data were analyzed to determine the degree to which parents and caregivers were congruent in their childrearing beliefs. This analysis was done for each of the 12 research centers. Of necessity, it entailed an examination of the behavior preference consistency among the individual caregiver and parent samples in each center. Fourth, the degree of parent-caregiver congruence in each center was examined in relation to the frequency of parent-caregiver communication in that center. The question was: What is the relationship between the frequency of parent-caregiver communication and the degree of congruence in childrearing beliefs of parents and caregivers?

Consistency across Child Problem Situations

Do childrearing influence technique preferences vary when the nature of the child problem varies? To examine this question a simple tally was made of the number of times each influence technique category was preferred for child management and teaching situations (home and center situations were combined). This was done for both parent and caregiver samples. The total possible number was eight for each of the two child problem categories. The parent data are presented in Table 6.1 and caregiver data in Table 6.2.

An analysis of response patterns indicates variability in childrearing behavior preferences across child management and teaching situations for both samples. Less than 30% of the parent and caregiver samples prefer the same influence technique for three or more of the eight management situations or for three or more of the teaching situations. The most consistently preferred technique in both samples is qualified didactic for the teaching situations and persuasion for management situations, but even here less than 30% of the respondents in both samples selected these techniques for four or more of the eight respective situation types. This variability in childrearing preferences suggests that for both samples behavior preferences tend to be situation-specific, and that congruency between parents and caregivers should be examined in relation to situational influences.

Table 6.1

Parent Sample Frequency of Preferences for Specific Influence Techniques (Teaching and Child Management Situations)

	Teaching Situations				Child Mgt. Situations				
Number of times preferred	Didactic	Qualified Didactic	Socratic	Avoidance	Power Assertive	Qualified Power Assertive	Persuasion	Suggestion	Avoidance
0	59.0%	7.1%	36.8%	34.4%	47.2%	6.6%	2.8%	22.6%	56.6%
1	25.5	20.3	24.7	35.4	30.2	26.9	11.8	42.0	28.8
2	12.3	27.4	14.6	19.8	18.4	31.1	24.5	23.6	11.3
3	3.3	22.6	9.9	7.1	3.8	22.2	27.4	10.4	3.3
4	---	17.5	3.8	3.3	0.5	6.1	19.3	1.4	---
5	---	5.2	4.7	---	---	5.2	9.9	---	---
6	---	---	0.9	---	---	1.4	3.8	---	---
7	---	---	1.4	---	---	0.5	0.5	---	---
8	---	---	0.5	---	---	---	---	---	---

Table 6.2

Caregiver Sample Frequency of Preferences for Specific Influence Techniques (Teaching and Child Management Situations)

	Teaching Situations				Child Mgt. Situations				
Number of times preferred	Didactic	Qualified Didactic	Socratic	Avoidance	Power Assertive	Qualified Power Assertive	Persuasion	Suggestion	Avoidance
0	56.2%	5.6%	22.5%	27.0%	47.2%	10.1%	2.2%	24.7%	48.3%
1	32.6	24.7	27.0	39.3	37.1	30.3	14.6	30.3	36.0
2	6.7	29.2	20.2	20.2	13.5	30.3	25.8	29.2	12.4
3	2.2	29.2	15.7	7.9	2.2	16.9	28.1	12.4	3.4
4	2.2	6.7	10.1	4.5	---	7.9	21.3	3.4	---
5	---	4.5	1.1	1.1	---	2.2	6.7	---	---
6	---	---	3.4	---	---	2.2	1.1	---	---
7	---	---	---	---	---	---	---	---	---
8	---	---	---	---	---	---	---	---	---

Consistency across Settings

A second area of examination dealt with the consistency of influence preferences between settings (home and center) when the nature of a child problem was held constant. Do parents, for example, prefer one influence technique in a home setting and quite a different technique for caregivers in a center setting where situations are similar? Does the setting affect influence technique preferences when the problem the child confronts is relatively the same?

A series of chi square tests were carried out to analyze the differences between parallel home and center situations for both samples. The tests revealed considerable consistency for caregivers and, to a lesser extent, for parents. As shown in Table 6.3, there is consistency across six of the eight parallel situations for caregivers and across five of the eight parallel situations for parents ($p < .01$). There is a statistically significant difference in preferences of both samples with the teaching situation focusing on materials. Parents are most inconsistent across settings where child management situations are involved (impulse control and independency striving problems).

An analysis of differences among respondents according to frequency of communication shows that for high-frequency parents there are no statistically significant differences when settings are compared for all eight situations ($p < .01$); medium-frequency parents are inconsistent on three situations. Caregivers in each of the three frequency subgroups are consistent on all but one situation.

When compared with the finding presented above relative to variability across child problem situations, these data suggest that the specific nature of the child's problem (i.e. failure to understand a concept, dependency inclinations) might have a stronger influence on childrearing preferences than the nature of the setting (i.e. home vs. center).

Parent-Caregiver Congruence

Despite the parent and caregiver variability in behavior preferences across child problem situations, there is a trend toward consistency within each of the parent and caregiver samples when situations are treated separately. This provides a base for examining parent-caregiver congruence of childrearing beliefs within a situation-specific framework.

To assess the degree of consistency between parent and caregiver childrearing behavior preferences, a detailed coding system was developed that scores the level of parent-caregiver childrearing belief congruence within each center by each specific situation. Scores are based on (a) the amount of consistency among parents and caregivers within each center and (b) the degree to which the influence techniques preferred by the majority of parents and caregivers are consistent. The 48-point coding system (24 positive, 24 negative) is presented in Appendix C. Each center is given a mean consistency score that spans eight situation comparisons.

Table 6.3

Consistency across Settings When Child Problem Held Constant (Parent and Caregiver Samples)

	Situation	X^2 value	d.f.	sig. level
Parent Sample	Teaching:			
	1. (materials)*	34.92	15	.01
	2. (representation)	27.14	16	n.s.
	3. (concept)	39.26	30	n.s.
	4. (preparation)	17.30	15	n.s.
	Management:			
	1. (prosocial)	47.21	15	n.s.
	2. (dependency)	12.73	16	n.s.
	3. (impulse control)	35.74	12	.001
	4. (independency)	232.86	36	.001
Caregiver Sample	Teaching:			
	1. (materials)	81.69	25	.001
	2. (representation)	12.33	12	n.s.
	3. (concept)	13.61	12	n.s.
	4. (preparation)	15.41	18	n.s.
	Management:			
	1. (prosocial)	44.26	36	n.s.
	2. (dependency)	32.76	15	.01
	3. (impulse control)	5.99	8	n.s.
	4. (independency)	16.58	15	n.s.

* This parenthetical label indicates the nature of the hypothetical situation.

The coding system treats the influence techniques in an ordinal fashion (i.e. power assertion, qualified power assertion, persuasion, suggestion and avoidance). This allows the "spread" or distance between influence technique preferences for the two samples to be accommodated (i.e. majority of parents prefer power assertion, majority of caregivers prefer qualified power assertion). The greater the "spread" or distance between techniques, the more negative the consistency score.[1]

In developing this coding system several judgments were made about the similarity and differences among influence techniques. First, it was decided that the avoidance influence technique, when inconsistent with an influence technique preferred by the other subsample, warrants a negative weighting. The rationale is that avoidance techniques, as used in this interview schedule, ignore the child problem or issue at hand and thus are in conflict with all the other techniques (except no-behavior options) which deal directly with the problem.[2] When both subsamples prefer the avoidance technique, however, it is treated as a consistent influence technique and given a positive code. Second, in creating this coding system it was decided that negative scores should be assigned when there are dramatic differences in influence techniques, such as arbitrary versus nonarbitrary techniques.[3]

The coding system is sensitive to variations in the percentage of parents and caregivers who are in agreement relative to a given influence technique. The higher the percentage of respondents in agreement within each subsample, the higher the consistency score (assuming the same influence technique is preferred). All situations are treated equal, with the consistency score for each center comprised of an average of all eight situations.

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[1] For example, in a situation where the majority of parents prefer power assertion and the majority of caregivers prefer persuasion, the consistency score is considerably less than if the two groups preferred the same or even adjacent (power assertion and qualified power assertion) techniques.

[2] The avoidance technique does not assume a stationary position within the ordinal scale of influence techniques. The coding system treats the avoidance technique as "two apart" in distance from any other technique where avoidance is preferred by the majority of respondents in one subgroup and not by the other subgroup.

[3] For example, power assertion and qualified power assertion are much more congruent than qualified power assertion and persuasion. In the assertion techniques, an arbitrary command is given. In the persuasion technique, the arbitrariness is missing. Likewise, didactic and qualified didactic teaching strategies are more similar than socratic and qualified didactic. The reader is referred to Appendix C where details of the coding system are presented.

Parent-caregiver congruence within each center was examined by assessing consistency within three different sets or combinations of situations. The first combination compared parent and caregiver behavior preferences for the eight center situations. The second combination examined parent behavior preferences for the eight home situations in relation to caregiver behavior preferences for the eight parallel center situations. The third combination compared parent and caregiver behavior preferences for the eight home situations. This design enabled an examination of parental expectations of caregiver behavior in relation to caregiver preferences (center set), caregiver expectations of parental behavior in relation to parental preferences (home set), and parent and caregiver preferences for similar situations (parallel set). Findings are presented and discussed below.

Table 6.4 shows the mean consistency scores of each of the 12 research centers for the three sets of situation comparisons. In each of the three comparison sets, considerable variation among centers in the level of congruence led to the clustering of centers into subgroups of low, medium and high parent-caregiver congruence based on the center's mean congruence score. These subgroup assignments are reported in Table 6.4. Also given in this table is the grand mean score for each of the three situation sets.

The data suggest there is more consistency between parent and caregiver behavior preferences for center situations ($\overline{X}$=9.10) than there is for parallel home and center situations ($\overline{X}$=6.20) or for home situations ($\overline{X}$=7.47). Within the center context parents and caregivers are considerably more congruent about appropriate caregiver influence techniques than about appropriate parent influence techniques in the home context. Further, there is more consistency for home situations than there is for parallel situations in home and center contexts.

There are no clear patterns among centers when examining the level of congruence in relation to the three comparison sets. For example, centers low in center situation congruence do not tend to be low also in home situation congruence and/or parallel situation congruence. There is a slight trend toward a positive relationship between level of congruence in parallel home-center situations, but the pattern is not significant.

An analysis of parent-caregiver congruence also was made through examination of comparison sets with respect to the nature of the child problem. Table 6.5 shows these data. Parents and caregivers are less consistent in their childrearing preferences for child management situations than for teaching situations. The lowest level of congruence is for the management situation dealing with a child's prosocial behavior ($\overline{X}$=1.56). The management situations dealing with impulse control ($\overline{X}$=6.59) and independency strivings ($\overline{X}$=7.41) also are low in congruence when compared with teaching situations. There is one management situation -- dealing with dependency inclinations of the hypothetical child -- where the congruence level is strong ($\overline{X}$=14.16) across the three situation sets.

Table 6.4

Mean Consistency Scores for Research Centers by Comparison Sets

Comparison Set	Centers												Grand Mean
	1	2	3	4	5	6	7	8	9	10	11	12	
Center set	13.12 ***	9.42 **	5.59 *	7.13 *	4.31 *	8.37 **	7.18 *	7.19 *	11.52 ***	10.33 **	8.80 **	12.68 ***	9.16
Home set	6.99 **	4.72 *	-.21 *	11.83 ***	5.33 *	6.00 *	7.18 **	10.75 ***	9.31 **	8.67 **	10.17 ***	8.93 **	7.47
Parallel set	10.40 ***	.78 *	3.34 *	10.25 ***	7.80 **	6.15 **	1.23 *	5.08 **	10.01 ***	11.84 ***	3.5 *	4.02 *	6.20

Maximum $\overline{X} = 24$
*** high congruence
** medium congruence
* low congruence

Table 6.5

Mean Scores for Situation Congruence, Child Problem X Comparison Set

Type of child problem	Comparison Sets			Grand Mean
	Center	Home	Parallel	
Teaching:				
Materials	12.80	3.98	9.15	8.64
Representation	11.64	7.15	4.17	7.65
Concept	17.40	7.45	8.65	11.17
Preparation	-1.55	9.10	0.27	2.61
Management:				
Prosocial	4.53	.08	.08	1.56
Dependency	15.60	11.71	15.18	14.16
Impulse control	6.64	5.57	7.57	6.59
Independency	3.10	13.71	5.43	7.41

Maximum $\overline{X}$ = 24

In fact, the congruence here is stronger than for any other situation type. The teaching situation focusing on preparing the child for some future event is extremely low in congruence for the center set ($\overline{X}$=-1.55) and parallel set ($\overline{X}$=.27) comparisons, but strong for the home set ($\overline{X}$=9.10). This suggests a problem might exist with the situation description itself. Perhaps the portrayal of this center situation provided respondents with inappropriate or inadequate cues as to the specific nature of the child problem since it is in the two comparison sets involving the center situation where congruence is lowest. Also noteworthy is the difference in the mean scores of the teaching situations dealing with materials across the three set comparisons. The home set has a low congruence level, reflecting a discrepancy in the preferred influence technique of parents and caregivers. An examination of this comparison set by each of the 12 centers shows generally that caregivers tend to prefer a socratic approach while parents prefer didactic or qualified didactic techniques for this teaching situation.

As noted above, congruence scores are based on a combination of the amount of consistency within parent and caregiver subgroups for each center and the amount of agreement in influence technique preferences when comparing the two subgroups in each center. A key question, then, is this: What accounts for variation in center congruence levels, the amount of parent and caregiver internal subgroup consistency and/or influence technique differences? Data from each comparison set were examined to explore this question. Within the parallel comparison set, several trends were found. First, it appears that in centers high in congruence, there is a strong relationship between subgroup consistency and similarity in influence technique when comparing the two subgroups. On situations where high centers are least congruent, the problem is (a) a lack of internal consistency within both parent and caregiver subgroups with respect to one specific influence technique and therefore (b) no one influence technique preferred by the majority of respondents in either subgroup. Second, this is not the case with low congruence centers. Here the problem is (a) a lack of internal consistency or (b) influence technique preferences which are inconsistent between subgroups. It is in the low congruence centers where sharp conflicts in preferred influence techniques occur. In high congruence centers, where there are situations in which parents and caregivers are not consistent, the problem tends to be one of no internal consistency rather than conflicting influence technique preferences. To elaborate these two trends, in the high congruence centers 50% to 59% of the parents and 50% to 59% of the caregivers prefer the same influence technique in four of eight situations. In the five low congruence centers there is no significant consistency among parents and caregivers in four or more situations and strong inconsistencies in at least two situations.

Within the home set, the medium and high congruence centers, like the high congruence centers in the parallel comparison set, lack internal subgroup consistency where there are congruence problems. Problems of congruence in the low congruence centers within the home comparison set tend to stem from differences in preferred influence techniques. In the center set -- which has more overall congruence than the other two sets -- the high and low congruence centers are split between influence technique differences and lack of subgroup consistency where there are congruence problems.

Congruence problems in the medium congruence centers of this set generally result from lack of subgroup consistency.

What do these patterns signify? Generally they suggest that in high and medium congruence centers, problems of parent-caregiver congruence are a function of lack of subgroup consistency. The majority of parents and/or caregivers are not internally in agreement with respect to an appropriate influence technique. In low congruence centers the congruence problems are considerably more pronounced. Here there is a marked increase in situations where the majority of parents and caregivers prefer different and often conflicting influence techniques.

Some general statements about the level of congruence of parent-caregiver childrearing beliefs are in order. It seems appropriate to extend here the concern for internal subgroup consistency versus conflict in influence technique preferences.

Assuming that preferred childrearing behaviors provide a measure of behavior expectation, it is clear from these data that parents and caregivers are considerably more congruent relative to appropriate caregiver behaviors in the center than they are about appropriate parental behaviors in the home and parallel situations in both home and center. With center situations, generally caregivers prefer influence techniques that are similar to or not significantly inconsistent with techniques preferred by parents. This is true to a lesser extent with parents preferring influence techniques to home situations that coincide with caregiver preferences. These patterns do not hold true for about one-fourth of the sample, however (low congruence centers). For about three-fourths of the study's sample, then, it appears that there is a moderate level of consistency between parental expectations of caregiver behaviors and caregivers' preferred childrearing behaviors in the day care center context. Also, there is a less moderate level of consistency between parent preferences for parental childrearing behaviors in the home and caregiver preferences for parental behavior.

We must conclude from these childrearing belief data, however, that the overall level of parent-caregiver congruence surrounding childrearing beliefs is minimal. This conclusion is based on two findings. First, there is little congruence in the parallel comparison set of situations. This set is an important one in that it is an index of the degree to which the belief systems of the day care center and family childrearing systems are congruent. Within this set, the number of situations where parents and caregivers are inconsistent in preferred childrearing techniques exceeds the number of consistent situations by about one-half. With respect to subgroup consistency versus technique preference conflict, there are fewer cases of subgroup inconsistency (42% of total incongruent situations) than conflict in influence technique preference (58%), suggesting that overall low levels of congruence tend to be dramatic in that parents and caregivers are attitudinally in support of differing ways of handling typical child problems. Second, there is no relationship among congruence levels across the three situation set comparisons. It is not possible to find one center -- let alone a subgroup of centers --

where there is parent-caregiver congruence with respect to caregiver behaviors (center set), parental behaviors (home set), and parent and caregiver behaviors in similar situations (parallel set). Where there is parent-caregiver congruence, it is limited to one or, at the most, two comparison sets and not spread across the three combinations of situation comparisons.

Further attention is given to the congruence question in Chapter VII.

Congruence Level and Communication Frequency

There appears to be no strong relationship between the parent-caregiver congruence level and the communication frequency of a center. The four centers high in congruence in the parallel comparison set are spread among two communication frequency subgroups; two are high in frequency and two are low. Further, three of the five low congruence centers are high in communication frequency and two of the low congruence centers are medium in communication frequency.

An examination of influence technique preferences of low-, medium- and high-frequency parents in each center for the 16 hypothetical situations also showed no significant difference in congruence when communication frequency varied. For example, low-frequency parents are no less congruent or incongruent with caregivers in terms of childrearing technique preferences than are high communication frequency parents.

Of particular interest is the level of congruence of the centers with friendship networks among parents and caregivers. It will be recalled that two centers with extremely high communication frequency were characterized by friendship networks of parents and caregivers (see Chapters III and IV). One of these centers is high in congruency, and the other has almost the lowest level of congruence among all 12 centers. In addition, two other centers with friendship networks among parents using the same center are split in their respective levels of parent-caregiver congruence. One center has a medium level of congruence and the other a high level.

The issue of communication frequency, social networks and childrearing belief congruence is taken up in Chapter VII.

Chapter VII

SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter summarizes the salient findings of this research, draws several conclusions from these data, and discusses implications of the findings for policy, day care practices and subsequent research. The summary presented below is organized around the three major questions addressed by this study.

Summary of Findings

The Interpersonal Relationship between Parents and Caregivers

To describe the nature of the interpersonal relationship between parents and caregivers, four areas of communicative behavior and attitudes were investigated. It is important to emphasize that this study examined the dyadic context of parent-caregiver communication, not established parent-caregiver dyads. The unit of analysis was communication between a parent and a caregiver, but not necessarily the same parent-caregiver combination over a period of time. Significant findings were as follows.

Communicative Behaviors and Attitudes. The highest frequency of communication between parents and caregivers occurs at the "transition point" when parents leave and pick up their child at the center. For 70.8% of the parent sample and 66.5% of the caregiver sample, there is frequent (weekly or more often) discussion between parents and staff when children enter and depart from the day care center. The telephone is a communication mode utilized with moderate frequency. Parent conferences with center staff are infrequent and never utilized by 25% of the parent sample. Formal visits to homes by center staff are almost nonexistent. [pp. 35-38]

Established parent-caregiver dyads do not exist for nearly one-third of the parent sample. These parents do not communicate with a particular staff person consistently; communication is spread among two or more caregivers. The remaining parents communicate consistently with a particular teacher (29.2%) or the center director (32.1%). Channels of communication between center and parent also are varied. The parent's child is the primary source of information about the center for 35.8% of the parents. Other primary information sources are teachers (16.0%), the center director (14.2%) and aides (12.7%). [pp. 38-39]

With respect to the content of communication, parents and caregivers discuss child-related topics with considerably more frequency than parent/family-related topics. What the child's day is like at the center is the most frequently-discussed topic. At the other extreme, parent's friends are almost never discussed. Child-peer relations and child-caregiver relations are among the most frequently discussed topics in the child topic domain. The parent's job/school is the most frequently-discussed parent/family-related topic. [pp. 27-30]

A strong correlation between communication frequency and diversity (number of topics discussed) was found, suggesting that an increase in parent-caregiver interaction corresponds to an increase in the diversity of discussion. For parents the correlation coefficient is .92. The coefficient for caregivers is .91. [pp. 27-31]

A relationship was found between communication frequency and the hierarchical arrangement of the day care center staff. Variations in caregiver communication correspond to differences in caregiver role status. The higher the status position within the center, the higher the communication frequency and diversity. Hence, directors are higher in communication frequency and diversity than any other staff members and are followed, in this order, by teachers and assistant administrators, aides and food personnel. [pp. 33-35]

Informal friendship networks of parents were found in four of the 12 research centers. Members of these friendship networks interact with three or more other parents using the same day care center at least once a week in private homes, at the center, and in other social settings (i.e. church). These parents discuss the day care center, their children, their job/school and family activities. Many of these parents knew other parents prior to using the day care center. [pp. 38-40]

Unexpectedly the study found indications of a significant number of friendship-type relationships between caregivers and parents, and caregiver familiarity with parents prior to center use. Nearly one-third of all caregivers reported knowing parents who use the center where they are employed prior to the parent's enrolling their child(ren) at the center. More than one-fourth of the caregivers reported they considered one or more of the parents using the center to be their friend(s). However, in only two centers did more than one-half of the caregivers consider some parents to be friends. These two centers also are characterized by informal friendship networks of parents. Caregivers interact with parents considered to be friends in settings other than the day care center, and discuss their job/school, childrearing issues, family activities and problems, and the day care center at least once a week. [pp. 40-41]

The study uncovered a number of attitudes toward the content boundaries and current level of parent-caregiver communication. First, it was found that parents are split about evenly in satisfaction with the current level of parent-caregiver communication, while caregivers are proportionately more dissatisfied. Second, about one-half of the parents perceive their child care center as a source of information about childrearing. Third, both parents and caregivers apparently make a clear distinction between discussion of parental suggestions for specific caregiver practices and discussion of goals and general expectations of the center. The latter is viewed as an appropriate topic for discussion by most respondents while considerably fewer parents and caregivers believe the former merits attention. Fourth, most parents perceive the center staff to be open to discussion of the child's activities at the center but a markedly fewer percentage of parents view caregivers as willing to discuss any parent-initiated topic. Similarly, most caregivers perceive parents as willing to discuss family activities, but fewer caregivers view parents as open to discussion of the home environment. Lastly, the majority of parents believe the center should not be kept informed of family activities on a constant basis, and about one-half of the sample do not believe family problems should be discussed with center staff as a general principle. [pp. 41-47]

Communication Frequency Patterns. Variability in communication frequency among parents and caregivers led to the statistical creation of three subgroups for each sample, labeled low, medium and high frequency. A series of one-way analyses of variance found the subgroups to be significantly different in communicative behavior and attitudes. An examination of differences between these subgroups revealed several patterns and relationships.

The frequency of communication does not appear to affect the type of topics parents discuss most often with caregivers, but there is a relationship between frequency and the number of family-related topics discussed. Four child-related topics are discussed most frequently by each of the subgroups. The topics are: child's day at the center, child's peer relations at the center, child-caregiver relations, and lunch/snack at the center. No matter how frequently parents and caregivers communicate with one another, they are consistent in discussing these child topics more often than other topics. Communication frequency and the number of family-related topics discussed approach a positive linear relationship. As communication frequency increases, the number of parent/family-related topics discussed increases.

Parent-caregiver communication also becomes more complex as frequency increases. The number of significant relationships among topics within the two topic domains increases with communication frequency. Moreover, the number of significantly related topics between the two domains increases as frequency increases, suggesting that separations between child and family content domains diminish with increased communication frequency.

Overall, these topic patterns suggest that the core content of communication, clearly child-related, remains the same despite increases in communication frequency. However, as frequency increases, the content boundaries broaden to encompass parent/family-related information. Further, as frequency increases, child- and parent/family-related topics become increasingly interrelated.

For parents, communication frequency is related to variations in the consistency of parent contact with a specific caregiver. As frequency increases, parent contact with the day care center staff becomes increasingly focused on one particular caregiver. Thus, as communication frequency increases so does the probability of a parent and caregiver forming and sustaining a consistent, stable relationship with one another.

The data indicate a relationship between communication frequency and parent's primary source of information about the center. Not unexpectedly, as frequency increases so does the role of center staff members in serving as primary information sources. As frequency increases, the use of non-staff information sources (i.e. bulletin boards, newsletter) decreases. However, the parent's child as the primary information source does not appear related to communication frequency. The parent's child is a primary information source for all three parent subgroups.

For both parents and caregivers the mode and setting of communication does not alter significantly with changes in communication frequency. There are no marked variations -- except for proportionate frequency increases -- in the use of different communication settings and modes across the three frequency subgroups. Parent-caregiver interaction when parents pickup/drop off their child at the center is the most frequent communication setting for all six subgroups.

In general, communicative attitudes become more positive as communication frequency increases. For parents, perceptions of the day care center as a childrearing information resource, communication satisfaction, attitudes toward discussing childrearing values, and attitudes toward discussing family information become more positive as frequency increases. One-way communication preferences decrease, and two-way communication preferences increase when communication increases. Caregiver communication and attitude patterns are not similar, however. Communication satisfaction moves from negative to positive when comparing low and medium subgroups, but then becomes slightly negative in the high frequency subgroup. Attitudes toward discussing family information with parents become increasingly positive as frequency increases. Also, attitudes toward discussing childrearing values increase in a positive direction as frequency increases, but not as dramatically as attitudes toward discussing family information. Like parents, caregivers increase in their preference for two-way communication, and decrease in one-way communication preference as communication increases. [pp. 64-71]

Typology of Parent-Caregiver Relationships. Differences between the communication frequency subgroups also were analyzed to create a typology of parent-caregiver relationships. While the chapter reporting this typology utilized the labels of low-, medium- and high-communication frequency, the following summary of findings conceptualizes the parent-center relationship in terms of dependency relations.[1]

The study found three major types of parents. One subgroup, labeled independent parents, maintains a significant social distance from the center; the day care center and family function as independent childrearing systems. Independent parents are characterized by a low frequency of communication with caregivers, almost no discussion of parent/ family-related topics, and strongly-held attitudes that childrearing values and family information should not be discussed with caregivers. These parents do not perceive the child care center as a childrearing/child development information resource. Further, independent parents utilize their own child and nonstaff sources (i.e. newsletter, bulletin board) as the main channel of communication with the center. They do not communicate with a specific caregiver consistently.

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[1] For parents, the terms "independent," "dependent" and "interdependent" coincide with the labels "low-, medium- and high-communication frequency" respectively (as used in Chapter IV).

Dependent parents appear to view their relationship with the day care center as a dependent one, and do not view the relationship to be reciprocal in terms of information exchange. They perceive the center as a childrearing information resource, but with one-way communication -- from center to parent -- characterizing the information flow. Dependent parents discuss some parent/family-related topics with caregivers (i.e. parents' job/school), and mildly believe that childrearing values and family information should be discussed. Most dependent parents have a stable relationship with a particular staff member.

The behaviors and attitudes of a third subgroup of parents, called interdependent parents, reflect considerable intersection between family and day care center; the two childrearing systems function in an interdependent manner. Interdependent parents have a high frequency of communication with caregivers, discuss parent/family-related information, believe strongly that family information should be shared with caregivers, and believe that parents and caregivers should discuss childrearing values. [pp. 52-64]

Caregivers do not fall into the same parent categories. There is a subgroup of independent caregivers whose social distance from parents parallels the stance of independent parents toward caregivers. There also is a subgroup of semi-interdependent caregivers. These caregivers relate with parents in an interdependent manner except that communication frequency or attitudes toward discussion of family information or childrearing values do not reach the high levels characteristic of interdependent parents.

The parent and caregiver categories suggested above are based on cross-sectional data and are in need of longitudinal evidence to determine their stability across time and situations.

Predictors of Parent-Caregiver Communication

This study attempted to identify variables that are predictive of parent and caregiver communication frequency and diversity. Analyses were carried out in two ways. First, the communication frequency and diversity of parents and caregivers were treated as the dependent or criterion variables, using stepwise multiple regression analysis. Second, the center was treated as the dependent variable, using parent communication frequency to partition centers statistically into three homogeneous subsets.

The parent regression analysis revealed more about what variables are not related to communicative behavior than what is predictive of communication. For communication frequency and diversity, prediction equations including all parent variables accounted for only about 27% and 28% of the variance respectively.

Increases in parent communication frequency are related to the attitude that parents and caregivers should discuss family information, use of the center for six months or less, active participation in an informal social network of parents using the same center, and representing a two-parent family.

Not all of these variables were found to be predictive of communication diversity, however. Like communication frequency, increases in parent diversity are related to the attitude that parents and caregivers should discuss family information and use of the center for six months or less. Unlike frequency, communication diversity also is predicted by the attitude that childrearing values should be discussed with caregivers and increases in socioeconomic status.

Perhaps of greater importance is the list of variables that were not significantly related to parent communication frequency and diversity. This includes the geographical distance of the center from the parent's home and place of work/school, previous day care experience, the number of centers visited prior to selection of the present center, parent's perceptions of the day care center as a childrearing information resource, and parent's perceived influence of the day care center on their child. [pp. 79-82]

The caregiver regression analysis yielded stronger prediction equations and unexpected relationships between specific predictor variables and communicative behavior. The equations separately account for about 48% of the variance.

Increases in caregiver communication frequency are related to center role function, friendship relationships with parents, recent completion of formal education, a child-centered role concept, the attitude that childrearing values should be discussed with parents, and few years of formal experience in working with young children.

Increases in caregiver communication diversity are related to the same predictor variables although the attitude that childrearing values should be discussed with parents is not a strong predictor of diversity; this attitude factor is replaced in the diversity prediction equation with the attitude that family information should be discussed. [pp. 75-78]

In the second set of analyses where the center was treated as the dependent variable, a relationship was found between the communication frequency of a center and friendship relationships among parents and caregivers. In the two research centers where more than one-half of the staff members consider some parents to be friends, the frequency of parent-caregiver communication is higher than in any of the other 10 research centers.

The data do not suggest a relationship between center sponsorship and communication frequency. Centers within the high, medium and low communication subsets vary significantly according to sponsorship type (proprietary, nonproprietary). [pp. 82-83]

Parent and Caregiver Childrearing Belief Congruence

The study examined a series of questions dealing with the congruency of parent and caregiver childrearing beliefs and behavior preferences. An interest in the situational and social contexts of childrearing behavior preferences guided the research methodology and data analyses. The data were analyzed in several ways, with major findings summarized below.

An analysis of response patterns indicates inconsistent childrearing behavior preferences across situations for both samples. Less than 30% of the parent and caregiver samples prefer the same influence technique for three or more of the eight management situations or for three or more of the teaching situations.[2] This variability in behavior preferences suggests that for both samples childrearing preferences may be situation-specific, and that congruency between parents and caregivers should be examined in relation to particular situations. [pp. 87-89]

A second major finding deals with the intra-consistency of parent and caregiver respondents; that is, the degree to which parents and caregivers individually are consistent in their childrearing behavior preferences. A series of chi square tests analyzing the differences between parallel home and center situations for both samples revealed considerable intra-consistency for caregivers and to a lesser extent for parents. There is consistency across six of eight parallel situations for caregivers and across five of eight parallel situations for parents ($\underline{p} < .01$). When compared with the situational variability discussed above, this finding suggests that the situational context (i.e. agressive behavior vs. dependency inclinations) might have a stronger influence on childrearing behavior preferences than the social context (i.e. home vs. center). [p. 90]

Overall there is more congruency between parent and caregiver behavior preferences for center situations than there is for parallel home and center situations or for home situations. Within the center context parents and caregivers are more consistent about appropriate caregiver influence techniques than about appropriate parent influence techniques in the home context. Further, there is more consistency for center situations than there is for parallel situations in home and center contexts.

An analysis of parent-caregiver congruence by situation also shows that behavior preferences are least consistent in situations involving the child's prosocial behavior, particularly where the child displays strong independency strivings or withdrawal from social situations.

There is considerable variation between centers in the level of parent-caregiver congruence, and overall there is minimal congruency between parent and caregiver childrearing behavior preferences. [pp. 90-98]

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[2] It will be recalled (p. 85) that the interview schedule consists of 16 critical incident situations with an adult and four-year-old child. Eight situations involve a parent and child in a home setting, and eight revolve around a caregiver and child in a day care center setting. The eight home and eight center situations parallel each other by the nature of the specific problem presented; the only major difference between parallel situations is the social context. Both home and center situations include four child management problems and four teaching problems.

There appears to be no relationship between the parent-caregiver congruence level and the communication frequency of a center. An unexpected finding of this study is that there is no positive relationship between parent-caregiver communication frequency and congruence in preferred childrearing influence technique. [p. 98]

Conclusions and Discussion

It is essential that the conclusions and implications stemming from these findings be prefaced with a reminder of the theoretical orientation of this study. To generate conclusions, it is necessary to formulate the "optimal" or "ideal" parent-caregiver relationship and hence to consider the question, What should be the relationship between families and child care programs? In particular, how should parents and day care center staff relate to one another?

This study, which conceptualized the parent-caregiver relationship as an interpersonal one, has a theoretical interest in the effect of the family--day care relationship and of parent-caregiver interaction on the social development of young children. Whether parents and caregivers are friends or strangers, whether children and their parents associate with caregivers outside of the center context, and whether center staff take an interest in the child's family are questions integral to the framework of this research. What children learn about social relations from observing and experiencing their parents' interactions with center staff, and how the interpersonal nature of the day care--family interface affects the ease and comfort with which children make transitions to and from the group care environment, are among the child development concerns of this research.

These questions are part of our projected long-range research program and are not considered directly in the present study. However, these problem areas have guided the design of this study and have influenced the conclusions and implications presented below. This research orientation is based on theoretical arguments that the nature of parent-caregiver relations affects the quality of children's socialization processes and their adaptive behaviors in negotiating transitions and discontinuities between family and surrogate group care. The critical need for research that carefully examines this and related assumptions is discussed later in this chapter.

It is within this social-psychological framework, then, that the following two general conclusions have emerged. First,

> if these research findings are used to construct the social world of day care children, the image which emerges is one of fragmentation and discontinuity. For many children it appears the boundaries of the child care center and family are sharply defined and narrow in intersection. Evidences of system interdependency are few. The world is a disconnected one, with the child's family, other children's families and the day care center functioning as independent, detached systems.

The flow of information between parents and caregivers, an index of the degree of social distance between family and center, suggests minimal direct attempts to coordinate children's socialization processes. For many parents and caregivers communication is an almost-every-day occurrence at the "transition point" when parents pick up and drop off their child at the center. However, interaction surrounding substantive child- and family-related issues is considerably less frequent, suggesting that perhaps much interpersonal exchange between parents and caregivers is superficial in content. The "hellos" and "how's it goings" are not to be diminished in importance; many significant messages may be transmitted in interactions that are indirect and outwardly appear shallow in substance. When these indirect messages constitute a significant portion of parent-caregiver interaction, though, their clarity and impact are questionable.

The detached nature of the family-center interface also is suggested by the type of information parents and caregivers exchange, by the channels of communication, and by the level of congruency surrounding childrearing preferences. Parent/family-related topics are discussed infrequently, the child is a main channel of communication for a sizable portion of the sample, and for many parents there is not consistent communication with a particular center staff member. Further, there is minimal congruence in childrearing beliefs between parents and caregivers.

The second general conclusion of this study is that

> center staff professionalism and parents' and caregivers' perceptions of what constitutes appropriate content for parent-caregiver communication account significantly for variations in the degree of intersection between family and center.

Several findings of this research point to a strong relationship between staff professionalism variables, attitudes toward the content of parent-caregiver communication, and the social distance between families and child care centers. First, a high frequency of communication between parents and caregivers, and centers highest in communication frequency and diversity, are associated with friendship relationships among parents and caregivers. Where family-center boundaries are fluid and loose-knit, communication between parents and caregivers is frequent and diverse. Social networks of these families actively encompass center personnel and other families using the day care center. Second, higher levels of formal education and experience are related to lower levels of communication diversity and frequency. Parent-caregiver relationships appear to become more carefully and narrowly defined as staff professionalism increases (more formal education, years of experience). Third, for both parents and caregivers, attitudes toward the discussion of childrearing values and family information are related significantly to communication frequency and diversity. These attitudinal variables have a stronger relationship with communicative behavior than most other variables considered in this research.

Implications for Policy, Program Practices and Subsequent Research

When the findings of this research are examined in relation to day care practices and policy, several issues become crucially important.

First, it seems that serious considerations of altering the relationship between families and surrogate group care programs must define clearly the specific purposes of the family--day care relationship.

Toward what end are parents and caregivers to relate to one another? The concept of "parent involvement" in child care programs needs greater specificity than the current literature and public policy provide. A good deal of the recent attention given to the relationship between parents and child care programs conceptualizes the parental role at a political level, having concern for parents in program decision-making capacities, or at an educational level, where a programmatic aim is to alter parents' behaviors and/or attitudes toward their child. Yet if the day-to-day relations between parents and child care programs are at all important, then policies and practices must broaden present conceptualizations of parent-caregiver relations and transcend vague and general statements about the involvement of parents in child care programs. This research provides a framework for examining the day care--family interface from a childrearing systems perspective and for approaching parent-caregiver relations at an interpersonal level.

A second related implication is that consideration needs to be given to public and professional education efforts that project images of what the day care--family relationship might be like, and that provide information and skills needed to develop and sustain an effective relationship between families and day care centers.

It seems that in many instances day care centers have evolved in this country without an identity that has set their purposes and practices apart from other child-serving institutions (i.e. schools). Perhaps the result has been that, lacking a clear image of institutional purpose or unique identity, center goals and activities have been patterned after those of similar established institutions. For instance, it may be that "institutional modeling" has prompted parents and caregivers to relate to one another as teachers and parents traditionally would relate in a public school setting. Further, most formal education programs prepare child care personnel to work with children, not their parents; and guidelines for ways parents can relate to child care staff are far from prevalent.

If these "referent" institutions are inappropriate models for day care and if the existing patterns of day care--family interaction are in need of change, then alternative models need to be developed and disseminated. In this study, the significant variables accounting for variation in the nature of parent-caregiver interaction are largely attitudinal, which suggests that changes in perceptions and belief systems through education efforts may lead to alterations in parent-caregiver relationships.

Third, findings of this study suggest that the staffing arrangements of child care centers need to be examined in relation to the amount and consistency of caregiver access to parents.

Since the bulk of parent-caregiver communication occurs at the "transition point" when children enter and depart from the day care center, attention needs to be given to (a) the number and types (role status) of caregivers available at these times, (b) the tasks and demands to which they must attend, and (c) the degree to which the physical environment is conducive to parent-caregiver discussion. In addition, the findings urge an examination of staffing with respect to the number of different caregivers responsible for a given child at different segments of the day and the degree to which this arrangement hinders or assists parents in forming a relationship with a caregiver who knows and deals with their child on an in-depth, daily basis. For example, one staffing strategy that might enhance the development of specific parent-caregiver dyadic relationships would be to cluster small groups of children with one caregiver for the entire day; the caregiver would be present in the morning and afternoon when parents leave and pick up their child at the center. For children whose parents do not personally escort them to and from the center, consideration should be given to innovative use of existing communication channels.

Fourth, data from this exploratory research have many implications for subsequent empirical investigation in at least two areas. *There is a critical need for studies of the effects of the parent-caregiver and day care--family relationship on the development of children, and of the determinants of parent-caregiver interaction.*

Consider again the question posed at the outset of this discussion: How *should* parents and child care programs relate to one another? This question, which is considerably more complex than it appears, is of profound importance as multiple-system childrearing increases in this country.

The data from this study point to three markedly different intersections between parent and child care program. Is there an intersection which is the most beneficial to the development of children and therefore should be prescribed? Current practitioner literature and theoretical arguments suggest that the significant social distance of *independent* parents from child care programs is the least desirable, and that the *interdependent* relationship between parents and child care programs is the most conducive to child functioning. Clearly the interdependent relationship appears to coincide with presently popular notions of "parent-caregiver partnership" and "day care as a family support system."

From a child development perspective, there are no research data to answer the question asked above. Studies are needed to determine the effect of parent-caregiver relations on a child's social experience in dealing with home-center transitions and possible discontinuities. We concluded earlier in this chapter that the social worlds of many day care children are fragmented and discontinuous. Yet whether the child perceives and experiences the world in these terms is not known. It is not clear from existing research evidence how a disconnected or more cohesive family-center relationship affects a child's behavior and development. What is the influence of system inconsistencies on children when considering age differences and degrees of discontinuity? The theoretical argument that socialization processes are improved when there is close coordination and communication between socialization agencies is in need of empirical investigation. An unexpected finding of this study is that a high frequency of parent-caregiver communication is negatively correlated with congruence in childrearing beliefs between parents and caregivers.

An important question is what determines the nature of parent-caregiver relationships. This research suggests several variables which deserve further study. One is the attitude that parents and caregivers should discuss parent/family-related topics. Another is the informal social networks of parents and caregivers.

Research needs to be carried out which uncovers how "matches" are made between parents and child care centers, the types of information that are exchanged in the process of developing a day care--family relationship, and precisely what transpires at the first face-to-face meeting of a parent and day care center staff member. With respect to the latter, are there significant formal/informal or verbal/nonverbal messages transmitted at this first meeting which shape subsequent development of the parent-caregiver relationship? For instance, can friendship relationships be predicted from the type of interaction at the first meeting and, if so, what are the short- and long-term consequences for the child's integration into the day care center? Again considering the child's social world, it may be that life is significantly different for the child whose parent and caregivers maintain a friendship rather than a traditional client-professional relationship or no relationship at all.

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Appendix A

Development of the Communicative Attitudes Instrument

Development of the Communicative Attitudes Instrument

The parent and caregiver communicative attitude scales were developed separately although there are a number of individual attitudinal items common to both. The instrument's development began with a pool of 87 items for the parent sample and 79 items for the caregiver sample. The items were pilot-tested on a sample of 26 parents and 22 caregivers, and items not clustering with others or yielding a significant amount of variation were deleted. The remaining 28 parent items and 24 caregiver items were again reduced, through factor analysis of data from two other samples, to 20 parent items and 12 caregiver items. An item was eliminated if it loaded significantly on more than one factor, spread somewhat across all factors or had no high loadings. The internal consistency of each factor was assessed and improved through use of Cronbach's (1951) alpha as a reliability coefficient.

Eight initial factors were extracted from the parent attitudinal items analysis with iteration. The decision to subsequently force four factors was based on the fact that each of the fifth through the eighth factors had eigenvalues of less than one and the first four factors accounted for 75.7% of the variance. Oblique rotation was used with the default value set at zero. Factor loadings for the pattern matrix are reported in Table 1. Similarly, 9 initial factors were extracted from the caregiver attitudinal items, again using principal-component analysis with iteration. The fifth through the ninth factors each had eigenvalues of less than one and the first four factors accounted for 69.3% of the variance. However, the fourth factor, which accounted for 8.3% of the variance, had only two items with significant loadings and was conceptually weak, leading to the decision to force three factors. Oblique rotation was used with a zero default level. Factor loadings for the caregiver attitude pattern matrix are reported in Table 2.

Oblique rather than orthogonal rotation was used because of its typically precise definition of the boundaries of a cluster and due to an interest in the correlations between clusters. Correlations between factors are discussed later.

An assumption of this research is that communicative attitudes are an integral dimension of the parent-caregiver relationship, perhaps influencing significantly the frequency and diversity of parent-caregiver interaction. The composition of the attidudinal factors reflects at a microscopic level issues and theoretical perspectives of the day care -- family interface set forth earlier in this report.

Two of the four parent attitude factors represent content domains or topics potentially relevant to parent-caregiver interaction. Attitudes toward the transmission of information related to one of the domains reflect specific perceptions of the desired nature of the day care -- family relationship. One of these two "content factors" is labeled "Discuss Childrearing Values" (Factor III). The attitudinal items comprising this factor deal with the appropriateness of parents communicating to center staff their (parents') expectations of the center in general and the staff in particular, and their childrearing values/practices. Two items contributing to this factor focus on perceived caregiver receptivity of information and parental expectations. The second factor related to a specific content area is called "Discuss Family Information" which, similar to the "Discuss Childrearing Values" factor, deals with the appropriateness of parents transmitting to the center staff information related to family dynamics and activities. Perceived caregiver receptivity to family-related information also is a part of this factor. All but one of the attitudinal items comprising this factor have high negative loadings; the one high positive loading is an item measuring the appropriateness of sharing family problem information when the child is having a problem. With both of these factors, a high factor score on one or both would indicate a perception of a day care -- family interface where the intersection of the two childrearing systems encompasses more information and boundary overlapping and is significantly larger than the intersection perceived by persons with low scores on these factors. High scores suggest a greater potential for family -- center coordination than low scores because of the breadth of the information base.

Another parent attitudinal factor, "Communication Satisfaction" (Factor II), consists of items measuring satisfaction with current levels of parent-caregiver communication in general and with respect to specific topics. The final factor, unique to the present scale, deals with parents' perceptions of the child care center as a childrearing/child development information resource. This factor is labeled "Center As Childrearing Resource" (Factor I) and examines perceptions of caregivers' level of child development knowledge and parents' gain of child development information through association with the day care center.

Three of the parent factor labels are also used for the three caregiver factors, although in some cases the specific items comprising these factors are not identical to the items loading high on the corresponding parent factors. The attitudinal factors similar to parent and caregiver scales are "Communication Satisfaction," "Discuss Childrearing Values" and "Discuss Family Information."

An examination of the interrelationships of the factors, enabled through use of oblique rotation, shows statistically significant relationships between several conceptually-compatible factors. Within the parent attitudinal data, "Center As Childrearing Environment" (Factor I) is related to "Discuss Childrearing Values" (Factor III) at .01 level, and to "Discuss Family Information" (Factor IV) at .001 level. Also, "Discuss Childrearing Values" (Factor III) and "Discuss Family Information" (Factor IV) are significantly related at the .001 level. These relationships suggest attitudinal consistency between perceptions of the child care center as a childrearing information resource and the sharing of childrearing values and family-related information. In addition, the high correlation between sharing childrearing values/expectations and family information suggests a significant interconnectedness of these two substantive content domains; beliefs about the transmission of information in one of these domains is related to the attitudinal transmission or withholding of information in another. "Communication Satisfaction" (Factor II) is not significantly related to any other parent attitude factor.

With the caregiver factors, "Discuss Childrearing Values" (Factor II) is significantly related to "Discuss Family Information" (Factor III), suggesting a relationship similar to the one noted above for the parallel parent factors.

Table 1

Oblique Pattern Factor Loadings for Parent Communicative Attitudes

Items	Center as Childrearing Resource (I)	Communication Satisfaction (II)	Share Childrearing Values (III)	Share Family Information (IV)
Caregivers' child dev. knowledge	.584	.016	-.163	-.042
Ask staff childrearing questions	.736	.051	.046	.156
Gained child info from center	.602	-.110	-.066	.006
Learned child activities	.574	.018	-.004	-.048
Caregiver receptivity	.391	.100	.104	.011
Communication, expectations of center	.105	.615	-.033	-.123
Communication, child at center	-.031	.758	.018	-.009
Communication, home environment	-.245	.574	-.030	.329
Communication in general	.085	.660	.001	-.073
Share expectations of staff	-.094	-.025	.595	.109
Share expectations of child's center activities	-.159	-.144	.551	-.106
Share childrearing values	.125	-.119	.438	-.179
Caregiver receptivity, child expectations	.040	.087	.493	-.064
Caregiver receptivity, center expectations	.041	.079	.639	.100
Center know family info	-.099	.019	-.007	-.804
Share info, home environment	.220	-.074	.062	-.406
Share info, family activities	.206	-.055	.131	-.329
Share info, family problems	.042	-.027	.031	-.591
Share info condition, family problems	.139	-.084	.063	.504
Caregiver receptivity, family info	.255	.224	.251	-.376
Sum of squares	1.833	1.580	1.375	-.090

Table 2

Oblique Pattern Factor Loadings for Caregiver Communicative Attitudes

Items	Communication Satisfaction (I)	Discuss Child-rearing Values (II)	Discuss Family Information (III)
Communication, parent expectations of center	.677	-.092	.099
Communication, child at center	.767	-.157	.117
Some topics need discussion	.756	-.106	-.049
Communication in general	.459	.157	-.009
Discuss expectations of staff	.029	.611	-.107
Discuss expectations of child's center activities	-.011	.590	.059
Discuss childrearing values	-.131	.555	.183
Discuss family activities	.027	.237	.592
Discuss home environment	-.003	.271	.491
Communication, home environment	.389	.017	-.585
Parent receptivity, family activities	.066	-.074	.617
Parent receptivity, home environment	.116	-.076	.462
Sum of squares	2.011	1.210	1.360

Appendix B

Coded Childrearing Belief Interview Schedule

Coded Childrearing Belief Interview Schedule

(Adapted from Sigel, Johnson, McGillicuddy-DeLisi & Epstein, 1976)

Center Situations

[c-1] It is naptime at the day care center and most of the children are sleeping on their cots. Glendon is not asleep, though. He keeps tickling the foot of the boy next to him. The day care teacher notices that Glendon keeps reaching for Tony's foot, so the teacher . . .

(1) a. . . . said "Stop bothering your neighbor."
(6) b. . . . said "If you don't rest now you'll be too tired to play with Tony later."
(5) c. . . . moved Glendon to another part of the room not near other children.
(2) d. . . . said "Leave Tony's foot alone so the two of you can rest awhile."
(3) e. . . . said "Leave Tony alone or you'll have to sit in the corner."
(10) f. . . . Other. Specify: ____.

[c-2] It was time to go home from the center. The teachers were helping the children put on their boots and jackets. Matt was trying to put his boots on by himself but he was having trouble. Mrs. Jonas was giving Matt a ride home and she was in a hurry and waiting for him in the car. Matt told a teacher he didn't want any help, but she thought he was taking longer than he should. So the teacher . . .

(1) a. . . . said "Come on, I'm going to help you with your boots."
(8) b. . . . said "Just put on your jacket and run to the car."
(2) c. . . . said "I'm going to help you with your boots. You're taking too long and Mrs. Jonas is in a hurry."
(6) d. . . . said "If you'll let me help you, you'll get done faster and then Mrs. Jonas won't be mad because you kept her waiting."
(5) e. . . . said nothing to Matt and put the boots on him.
(7) f. . . . said "Do you want me to help you?"
(10) g. . . . Other. Specify: ____.

[c-3] Jeanette had been playing by herself all morning at the day care center. Cindy wanted to play with Jeanette. But Jeanette ignored Cindy when she asked Jeanette to play with her. The teacher believed that an important part of the day care program was helping children learn to play with each other. So the teacher . . .

(2) a. . . . said to Jeanette "Let Cindy play with you. You need to learn to play with others."
(6) b. . . . said to Jeanette "If you play with Cindy you'll have more fun."
(1) c. . . . said to Jeanette "Play with Cindy."

(4) d. . . . shook Jeanette's shoulder lightly and said "Be nice to Cindy and play with her."
(7) e. . . . asked Jeanette "Do you want to play with Cindy?"
(9) f. . . . did nothing.
(10) g. . . . Other. Specify: ________________________.

[c-4] The day care teacher was reading a short story to some of the children at the nursery school. James kept interrupting the teacher, asking that she play a game with him. James started pulling on the teacher's sweater, so the teacher . . .

(1) a. . . . said "Quit bothering me."
(8) b. . . . said "Please hold these other books for me."
(6) c. . . . said "If you'll wait just a little longer we'll find out the ending of this story. Then maybe I'll have time to play with you."
(2) d. . . . said "Leave me alone. I'm busy reading a story."
(3) e. . . . said "If you don't stop you'll have to sit in the corner by yourself."
(4) f. . . . slapped James' hand, saying "Stop it."
(10) g. . . . Other. Specify: ________________________.

[c-5] All week everyone at the day care center had been looking forward to a visit by Bozo the clown. But when the day came for Bozo's visit he was sick and couldn't visit. Eddie didn't understand why Bozo couldn't visit. He kept saying to the teacher, "You make the clown appear! You make Bozo appear!" So the teacher . . .

(8) a. . . . said "Bozo can't come. Go ride the Big Wheels for awhile."
(2) b. . . . said "I can't do anything about it. Bozo is sick. Do you ever get sick?"
(6) c. . . . said "Why do you think Bozo can't be here? Where is he?"
(1) d. . . . said "Bozo can't come. I can't make him appear."
(7) e. . . . said "Why don't you draw a picture of Bozo on the chalk board."
(10) f. . . . Other. Specify: ________________________.

[c-6] The teacher needed to let Brenda Jane know that she would have to stay late at the center that day. Brenda Jane's mother had a sudden doctor's appointment after work and couldn't pick up Brenda Jane from the center at the normal time. Brenda would need to stay at the center after most of the children were gone. So the teacher . . .

(2) a. . . . said "Tonight you have to stay late because your mother has an important doctor's appointment."
(7) b. . . . said "You can play with your favorite toy tonight while waiting for your mother."
(1) c. . . . said "You'll have to wait tonight until your mom gets here."
(6) d. . . . asked "Do you know why you'll have to stay a little later tonight at the center?"
(10) e. . . . Other. Specify: ________________________.

[c-7] The children at a day care center had just been introduced to a brand new toy: an old typewriter. Timmy just couldn't seem to get the hang of it. He would hit a lot of keys at once, causing the machine to jam. Timmy seemed confused about why the machine kept jamming. Seeing Timmy's problem the teacher . . .

(8) a. . . . said "Go play in the sandbox for awhile."
(6) b. . . . said "Why isn't the typewriter working? What happens when you push all the keys at once?"
(5) c. . . . said "Hit only one key at a time so the typewriter won't get jammed. Here, let me show you."
(1) d. . . . said "Try hitting only one key at a time."
(9) e. . . . said nothing.
(10) f. . . . Other. Specify: ______________________.

[c-8] The children were listening to a "talking storybook" record about the adventures of two children lost in a large city. During one part of the record there were fire sirens and Jimmy ran to the window. Looking puzzled, he turned around to the teacher and said, "Where's the fire truck?" Jimmy thought the sound from the record was a real fire engine. So the teacher . . .

(1) a. . . . said "The siren sounds are on the record. They aren't outside."
(6) b. . . . said "If there isn't a fire truck in the street, where else could the sound come from?"
(2) c. . . . said "The siren is on the record just like the animal noises on the Old MacDonald record."
(8) d. . . . said "Come away from the window and play a game with us."
(4) e. . . . said "The siren is on the record. Here, I'll play it over again."
(10) f. . . . Other. Specify: ______________________.

Home Situations

[h-1] One evening Mother was watching Tommy building with blocks. Tommy was trying hard to build a high bridge. But each time he tried the blocks fell down. Tommy seemed confused about why the blocks wouldn't stay together. So Mother . . .

(8) a. . . . said "Maybe you'd like to play with a puzzle for awhile."
(1) b. . . . said "Don't put so many blocks on top of each other."
(6) c. . . . asked "Why do you think your bridge keeps falling down?"
(2) d. . . . said "Don't use so many blocks and then your bridge won't fall down."
(9) e. . . . did nothing.
(4) f. . . . said "Here, I'll help you build a bridge."
(5) g. . . . said "Watch me build a bridge and then you can try it."
(10) h. . . . Other. Specify: ______________________.

[h-2] One of Robert's friends came over to play at his home one day. Robert was playing with a new toy and ignored his friend. So Father . . .

(2) a. . . . said "Share your new toy with your friend. You have to learn to share.
(1) b. . . . said "Let your friend play with you and your new toy."
(8) c. . . . said "Maybe you both should go outside and play on the swings."
(6) d. . . . said "Your friend is your guest. If you went to his house you'd play with him and his toys."
(9) e. . . . did nothing.
(7) f. . . . asked "Do you want to play with your friend today?"
(10) g. . . . Other. Specify: ______________________________.

[h-3] Sarah kept asking her Mother to play cards with her. But Mother was busy doing some important things and couldn't play right then. Sarah kept saying "I want you to play with me now." So mother . . .

(6) a. . . . said "If you'll let me finish this now, I'll have more time to play with you this afternoon."
(2) b. . . . said "Don't keep asking me to play with you now because I'm trying to get some things done."
(8) c. . . . said "Why don't you color in your new coloring book while I finish what I'm doing."
(1) d. . . . said "Quit asking me the same question."
(3) e. . . . said "Stop nagging me or I'll send you to your room."
(10) f. . . . Other. Specify: ______________________________.

[h-4] During the Christmas season, Alex and his father were in the living room. Alex saw a reflection of the Christmas tree in the window and said "Oh, look, a Christmas tree outside!" Father realized that Alex thought the reflection in the window was a real tree, so Father . . .

(1) a. . . . said "That's just the reflection of our own Christmas tree that you see in the window."
(7) b. . . . asked "Do you like the way we decorated our tree inside?"
(6) c. . . . said "Here, move your hands in front of the window and look. What do you see? What happens to the tree you see?"
(2) d. . . . said "That's just a reflection like when you see yourself in the bathroom mirror.
(4) e. . . . said "There's not a tree outside. Let's open the front door to look."
(10) f. . . . Other. Specify: ______________________________.

[h-5] When Mother told Linda that she could not have any candy before supper, Linda said "But I want some!" and became angry, so Mother . . .

(8) a. . . . said "Please go play with your toys until supper time."
(2) b. . . . said "You can't have any candy now because it will spoil your appetite."
(6) c. . . . said "If you save a piece of candy now you could have it to eat before bedtime."
(1) d. . . . said "You can't have any candy until after supper."
(3) e. . . . said "Stop asking for candy or I'll send you to your room."
(10) f. . . . Other. Specify: ________________________________.

[h-6] Jenny had been looking forward to watching her favorite TV show. At the last minute, the program was changed for a news special. Jenny got upset and wanted her mother to make the show come on. Mother said she could not do that, but Jenny insisted that her mother find the show on TV. Realizing that Jenny did not understand what had happened, Mother . . .

(1) a. . . . said "I can't do anything about it. Your show is not going to be on today."
(4) b. . . . said "Here, look; I am turning to all the channels and your show isn't on."
(8) c. . . . said "Oh well, let's get out your puzzles and play with them."
(6) d. . . . asked "Why do you think I can't find your show?"
(7) e. . . . said "Why don't you find another show to watch."
(10) f. . . . Other. Specify: ________________________________.

[h-7] Mother went into the living room one day and found Todd paging through some books she did not want him to have. Mother asked Todd to leave the books alone but he refused, saying "I want to read for myself. I like to read your books." So Mother . . .

(3) a. . . . said "Put those books down or you'll be punished."
(5) b. . . . spanked Todd.
(2) c. . . . said "Put those books down because I don't want you to have them."
(7) d. . . . asked "Would you like me to read one of your books to you?"
(1) e. . . . said "Put those books down."
(8) f. . . . said "It's a nice day outside -- go see if your friends want to play."
(10) g. . . . Other. Specify: ________________________________.

[h-8] Sally and her father were taking a long drive to visit Aunt Lisa who lived far away. Just as they were starting the trip Sally said "We'll be at Aunt Lisa's in just a few minutes." Father wanted to prepare Sally for the long ride, so he . . .

(6) a. . . . said "Do you know how far it is to Aunt Lisa's?"
(2) b. . . . said "We will be in the car for a long time because Aunt Lisa lives pretty far away."

_(1)_ c. . . . said "We will be in the car for a long time, you know."
_(7)_ d. . . . said "Try counting the number of yellow cars that you see."
_(10)_ e. . . . Other. Specify: ________________________________.

Situation key:

Child management problem	-- impulse control	c-1	h-5
" " "	-- independency	c-2	h-7
" " "	-- prosocial behavior	c-3	h-2
" " "	-- dependency inclinations	c-4	h-3
Teaching problem	------- concept	c-5	h-6
" "	------- preparation	c-6	h-8
" "	------- materials	c-7	h-1
" "	------- representation	c-8	h-4

Influence technique key:

Child management problems:

1 -- Power Assertion
2 -- Qualified Power Assertion
3 -- Power Assertion/Threat
4 -- Power Assertion/Verbal & Nonverbal
5 -- Power Assertion/Nonverbal Only
6 -- Persuasion
7 -- Suggestion
8 -- Avoidance
9 -- No Behavior
10 -- Other

N. B. Codes 3, 4 and 5 collapsed into code 1 for data analysis.

Teaching problems:

1 -- Didactic
2 -- Qualified Didactic
3 -- Null
4 -- Qualified Didactic/Demonstration
5 -- Qualified Didactic/Modified Demonstration
6 -- Socratic
7 -- Related Avoidance
8 -- Avoidance
9 -- No Behavior
10 -- Other

N. B. Codes 4 and 5 collapsed into code 2 for data analysis. Code 7 collapsed into code 8.

Appendix C

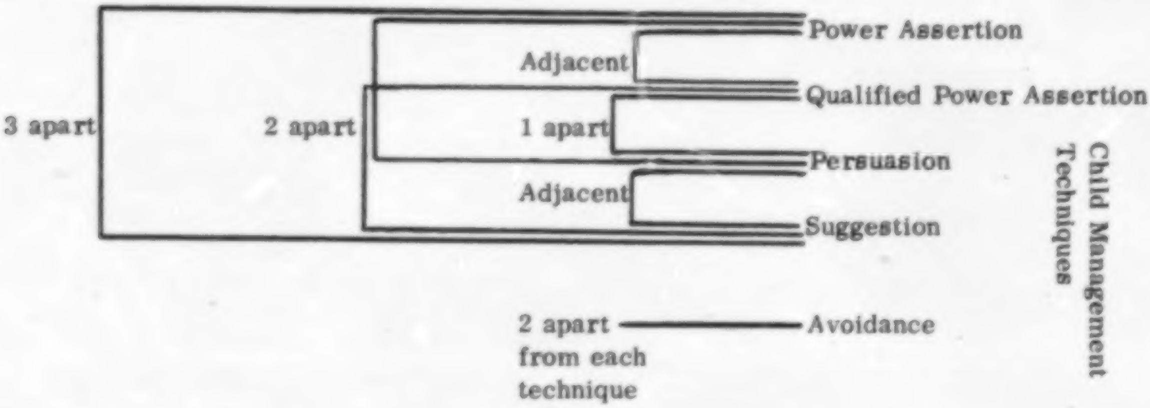
Parent and Caregiver Childrearing Beliefs:

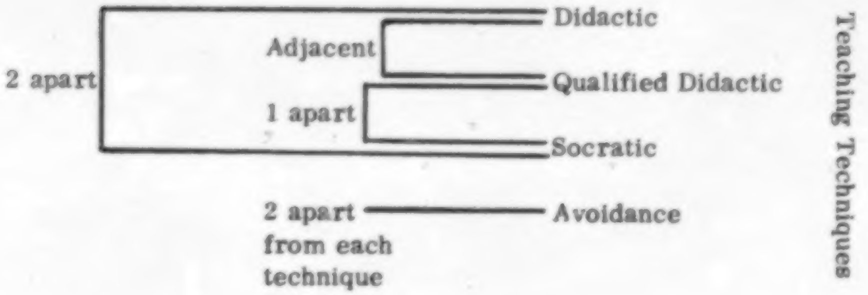
Coding System for Levels of Consistency

Parent and Caregiver Childrearing Beliefs: Coding System for Levels of Consistency

Code	Distance	Parents	Caregivers
-24.0	Nonadjacent/3 apart	75% or more consistent	75% or more consistent
-23.0		50-74% consistent	75% or more consistent
-22.0		75% or more consistent	50-74% consistent
-21.0		50-74% consistent	50-74% consistent
-20.0	Nonadjacent/2 apart	75% or more consistent	75% or more consistent
-19.0		50-74% consistent	75% or more consistent
-18.0		75% or more consistent	50-74% consistent
-17.0		50-74% consistent	50-74% consistent
-16.0	Nonadjacent/1 apart	75% or more consistent	75% or more consistent
-15.0		50-74% consistent	75% or more consistent
-14.0		75% or more consistent	50-74% consistent
-13.0		50-74% consistent	50-74% consistent
-12.0	Trends/Nonadjacent/3 apart	Trend direction (40%)	75% or more consistent
-11.0		Trend direction (40%)	50-74% consistent
-10.0		75% or more consistent	Trend direction (40%)
-09.0		50-74% consistent	Trend direction (40%)
-08.0	Trends/Nonadjacent/2 apart	Trend direction (40%)	75% or more consistent
-07.0		Trend direction (40%)	50-74% consistent
-06.0		75% or more consistent	Trend direction (40%)
-05.0		50-74% consistent	Trend direction (40%)
-04.0	Trends/Nonadjacent/1 apart	Trend direction (40%)	75% or more consistent
-03.0		Trend direction (40%)	50-74% consistent
-02.0		75% or more consistent	Trend direction (40%)
-01.0		50-74% consistent	Trend direction (40%)
00.00	No Trends	No trend direction	No trend direction
+00.25	No Trends/Some Consistency	50-74% consistent	No trend
+00.50		75% or more consistent	No trend
+00.75		No trend	50-74% consistent
+01.0		No trend	75% or more consistent
+02.0	Trends/Adjacent	50-75% consistent	Trend direction (40%)
+03.0		75% or more consistent	Trend direction (40%)
+04.0		Trend direction (40%)	50-74% consistent
+05.0		Trend direction (40%)	75% or more consistent
+06.0	Adjacent	50-74% consistent	50-74% consistent
+07.0		75% or more consistent	50-74% consistent
+08.0		50-74% consistent	75% or more consistent
+09.0		75% or more consistent	75% or more consistent
+10.0	Trends/Same	Trend direction (40%)	Trend direction (40%)
+11.0		50-74% consistent	Trend direction (40%)
+12.0		75% or more consistent	Trend direction (40%)
+13.0		Trend direction	50-74% consistent
+14.0		Trend direction	75% or more consistent

Code	Distance	Parents	Caregivers
+14.4	Same	50-59% consistent	50-59% consistent
+14.8		60-69% consistent	50-59% consistent
+15.2		70-79% consistent	50-59% consistent
+15.6		80-89% consistent	50-59% consistent
+16.0		90% or more consistent	50-59% consistent
+16.4		50-59% consistent	60-69% consistent
+16.8		50-59% consistent	70-79% consistent
+17.2		50-59% consistent	80-89% consistent
+17.6		50-59% consistent	90% or more consistent
+18.0		60-69% consistent	60-69% consistent
+18.4		70-79% consistent	60-69% consistent
+18.8		80-89% consistent	60-69% consistent
+19.2		90% or more consistent	60-69% consistent
+19.6		60-69% consistent	70-79% consistent
+20.0		60-69% consistent	80-89% consistent
+20.4		60-69% consistent	90% or more consistent
+20.8		70-79% consistent	70-79% consistent
+21.2		80-89% consistent	70-79% consistent
+21.6		90% or more consistent	70-79% consistent
+22.0		70-79% consistent	80-89% consistent
+22.4		70-79% consistent	90% or more consistent
+22.8		80-89% consistent	80-89% consistent
+23.2		80-89% consistent	90% or more consistent
+23.6		90% or more consistent	80-89% consistent
+24.0		90% or more consistent	90% or more consistent


Power Assertion
Adjacent
Qualified Power Assertion
3 apart
2 apart
1 apart
Persuasion
Adjacent
Suggestion
2 apart from each technique
Avoidance
Child Management Techniques


Didactic
Adjacent
2 apart
Qualified Didactic
1 apart
Socratic
2 apart from each technique
Avoidance
Teaching Techniques